

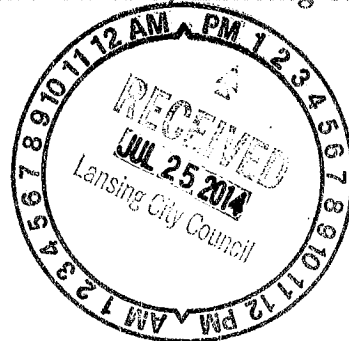


Tri-County Office on Aging

A Consortium of Clinton, Eaton & Ingham Counties, and the Cities of Lansing & East Lansing since 1974.

July 14, 2014

Lansing City Council
10th Floor City Hall
Lansing, MI 48933



Dear Lansing City Council:

Enclosed is a copy of Tri-County Office on Aging's (TCOA) Fiscal Year 2015 Annual Implementation Plan. This planning document is required under the Older Americans Act and Older Michiganians Act.

The Michigan Office of Services to the Aging (OSA), Department of Community Health requires TCOA to ask major cities and county commissions to approve the plan. We are asking this plan be approved by July 31, 2014. A resolution endorsing the plan would be appreciated. If the Lansing City Council does not respond by the above date TCOA will consider passive approval of the plan.

The City of Lansing, along with Clinton, Eaton and Ingham counties and the City of East Lansing, is a member of the Tri-County Aging Consortium. The Consortium members appoint representatives to serve on TCOA's Administrative Board, which has the responsibilities of agency operations, and must endorse and recommend approval of the Plan to OSA. Jody Washington, A'Lynne Robinson, Joan Jackson-Johnson and Chris Swope represent the City of Lansing on the Administrative Board. The Board endorsed the plan on June 16, 2014. Three older adults, Regina Allen, Mary Estes and Penny Gardner, appointed by the City of Lansing also serve on the Advisory Council that reviewed and recommended approval to the Consortium Administrative Board.

The plan and sample resolution are enclosed in this mailing. If you have further questions, please feel free to contact me. I can be reached at 517-887-1382.

Thank you for your attention to this issue.

Sincerely,

LeeAnna Olson
Community Relations and Grants Specialist

Enclosure

Robinson

RESOLUTION

Lansing City Council

July 2014

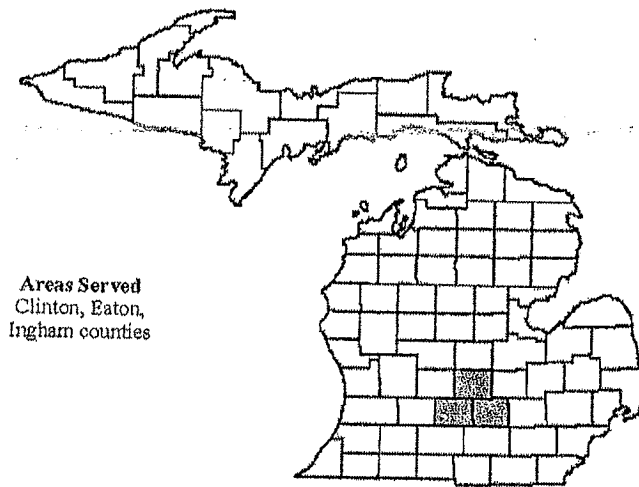
WHEREAS, the Tri-County Aging Consortium, known as Tri-County Office on Aging, produced the Fiscal Year 2015 Annual Implementation Plan as required by the Older Americans Act and the Older Michiganians Act; and

WHEREAS, Lansing City Council has reviewed the Tri-County Office on Aging's Fiscal Year 2015 Annual Implementation Plan; and now therefore, be it

RESOLVED; that the Lansing City Council approves said document as presented.



2015 ANNUAL IMPLEMENTATION PLAN TRI-COUNTY OFFICE ON AGING 6

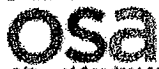


Areas Served
Clinton, Eaton,
Ingham counties

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Lansing, MI 48911-3800
517-887-1440
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517-887-8071 (Fax)
Marion Owen, Executive Director
www.tcoa.org

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County/Local Unit of Govt. Review

The AAA must send a letter requesting approval of the final AIP by no later than June 30, 2014, with delivery and signature confirmation, to the chairperson of each County Board of Commissioners within the PSA requesting approval by August 1, 2014. For a PSA comprised of a single county or portion of the county, approval of the AIP is to be requested from each local unit of government within the PSA. If the AAA does not receive a response from the county or local unit of government by August 4, 2014, the AIP is deemed passively approved. The AAA must notify their OSA field representative by August 5, 2014 whether their counties or local units of government formally approved, passively approved, or disapproved the AIP.

The AAA may use electronic communication, including e-mail and website based documents, as an option for acquiring local government review and approval of the Area Plan. To employ this option, the AAA must:

- Send a letter through the US Mail, with delivery and signature confirmation, to the chief elected official of each appropriate local government advising them of the availability of the final draft AIP/MYP on the area agency's website. Instructions for how to view and print the document must be included.

- Offer to provide a printed copy of the AIP/MYP via US Mail or an electronic copy, via e-mail, if requested.

- Be available to discuss the AIP/MYP with local government officials, if requested.

- Request e-mail notification from the local unit of government of their approval of the AIP/MYP, or their related concerns.

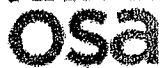
Describe the efforts made to distribute the AIP to and, gain support, from the appropriate county and/or local units of government.

AAA Response:

The Tri-County Office on Aging Administrative Board (Tri-County Aging Consortium) is made up of representatives from five local units of government: Clinton, Eaton and Ingham Counties, and the cities of Lansing and East Lansing. TCOA Advisory Council older adult members are appointed by their respective local units of government. Both the Advisory Council and Board review, recommend approval and approve all Multi-Year Plans (MYP) and Annual Implementation Plans (AIP).

TCOA will send a letter and a copy of the fiscal year 2015 MIP to local units of government via certified mail and signature confirmation requesting approval of the AIP no later than July 29, 2014. The letter will state that if approval is not received within 10 business days of this due date then it will be considered passively approved.

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Plan Highlights

The purpose of the Plan Highlights is to provide a succinct description of the priorities being set by the Area Agency for the use of OAA and State funding during FY 2015. The Plan Highlights must include:

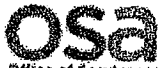
- A brief history of the Area Agency and respective PSA that provides a context for the AIP.
- A summary of services to be provided under the plan which includes identification of the five service categories receiving the most funds and the five service categories with the greatest number of anticipated participants.
- Highlights of planned program development objectives.
- A description of planned special projects and partnerships.
- A description of specific management initiatives the Area Agency plans to undertake to achieve increased efficiency in service delivery.
- A description of how the Area Agency's strategy for developing non-formula resources, including utilization of volunteers, will support implementation of the AIP.

Please note there are separate text boxes for response to each bullet item.

1. A brief history of the area agency and respective PSA that provides a context for the AIP.

Tri-County Aging Consortium (better known as Tri-County Office on Aging or TCOA) was founded in 1974 as the Area Agency on Aging serving Clinton, Eaton and Ingham Counties in mid-Michigan. TCOA is unique from other AAA's in that it is legally a consortium comprised of the three counties it serves as well as the cities of Lansing and East Lansing. Due to this format, TCOA's Administrative Board consists entirely of elected officials representing these five local units of government. Board members are appointed by their respective units of government and are charged with oversight of all aspects of the agency. Additionally, TCOA's Advisory Council is comprised of one-half local seniors who are residents of the five local units of government. These senior representatives must be at least 60 years old and are appointed by their local unit of government. The remaining half of the Advisory Council members represent local service providers from throughout the tri-county area. TCOA is also in a unique situation compared to many other Area Agencies on Aging in the state of Michigan in regard to population demographics. Between the 2000 national census and the 2010 national census the three counties that make up TCOA's service area have seen a significant increase in the 60 and older population. In 2000 the tri-county population of adults age 60 and older was 59,807. In 2010 this population had grown to 79,408. This is an increase of nearly 20,000 seniors. Additionally, the older adult Hispanic population in the service area nearly doubled during this time period.

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2. A summary of services to be provided under the plan which includes identification of the five service categories receiving the most funds and the five service categories with the greatest number of anticipated participants.

Five Service Categories Receiving the Most Funds:

1. Home Delivered Meals (Meals on Wheels)
2. Congregate Meals (Senior Dining Sites)
3. Respite Care
4. Care Management
5. Homemaker

Five Service Categories with the Greatest Number of Anticipated Participants:

1. Outreach
2. Home Delivered Meals (Meals on Wheels)
3. Congregate Meals (Senior Dining Sites)
4. Information and Assistance
5. Legal Assistance

3. Highlights of planned program development objectives.

- * Work with a local service provider to research receiving Medicare reimbursement for evidence based diabetes self-management programs.
- * Explore establishing a wellness program in the inner city Lansing area.
- * Seek alternatives to current Meals on Wheels supply vendors to save money and improve the quality of ingredients purchased.
- * Research establishing a frozen meal pantry for Meals on Wheels clients.
- * Explore establishing an adult day services program in a rural area outside the city of Lansing.
- * Work with local adult day services providers and the Alzheimer's Association to examine expanding adult day services programming options for individuals with middle and late stage Alzheimer's disease and dementia.
- * Continue with the Coordinated Community Response program after the expiration of the federal grant funding.
- * Continue to advocate for the passage of elder abuse prevention bills by the Michigan legislature.
- * Have local seniors represent the tri-county area on the Michigan Senior Advocates Council to advocate for older adults and persons with disabilities.
- * Tri-County Office on Aging's Advisory Council advocacy committee will work with community organizations to increase TCOA's communication and outreach network.
- * Continue to have Tri-County Office on Aging staff representation on the planning committee for Older Michiganians day.
- * Provide cultural competency training on diversity issues and concerns to a minimum of twenty TCOA staff members.
- * Work to add Lesbian, Gay, Bisexual and Transgender inclusive language in TCOA created forms, documents and client materials.
- * Utilize the social media and the TCOA website to counter negative stereotypes associated with aging.
- * Explore partnering with community organizations to expand kinship care services in the tri-county area as a means to expand the program.

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4. A description of planned special projects and partnerships.

* Capital Area Collaborative for Care Transitions: Attend meetings with this cross-provider collaborative to reduce unnecessary hospital readmissions. Work with CMS, local hospitals and community providers on the Capital Area Community-Based Care Transitions Program to reduce hospital readmissions for high-risk Medicare beneficiaries by 20%. - Work to expand the Capital Area Community-Based Care Transitions Program to include payers other than CMS.

* Ingham County Health Department - Continue to partner with the Ingham County Health Department on the Michigan Pathways to Better Health innovations grant through the Centers for Medicare and Medicaid Services to use Community Health Workers to work with high-usage Medicare beneficiaries in Ingham County to improve enrollees' health, increase utilization of primary care services and decrease the cost of health care.

* ADRC Capital Area Partnership and the Long Term Care Collaborative - Work with the ADRC-Capital Area Partnership to implement the policies and procedures that have been created for the local ADRC and outreach to community members about the ADRC-Capital Area Partnership.

* Medicare/Medicaid Assistance Program - Continue to partner with Capital Area Community Services to provide MMAP services in the tri-county area. Recruit and train new MMAP volunteers including using social media and outreach to obtain new volunteers to keep up with growing demand from the changing health care system.

5. A description of specific management initiatives the area agency plans to undertake to achieve increased efficiency in service delivery.

TCOA is continually searching out methods to improve efficiency and save money. Some ways the agency is working on improving efficiency include:

- * Careful shopping of all agency purchases and holding off on non-essential purchases
- * Negotiating better contract with vendors
- * Researching alternative vendors

TCOA also has recently completed a change in financial institutions that has resulted in a significant savings in service charges and has the benefit of improved services that have increased staff efficiency. The new banking institution has also proven to be a valuable community partner by donating services at agency activities, providing volunteers to deliver meals for the Meals on Wheels program and to serve on several event planning committees.

6. A description of how the area agency's strategy for developing non-formula resources, including utilization of volunteers, will support implementation of the AIP.

Each year over 1,900 individuals volunteer with TCOA and contribute over 59,000 hours of service. These hours are the equivalent of over 28 full time employees. TCOA's Meals on Wheels program could not run without the generosity of these volunteers. The local Medicare/Medicaid Assistance Program also is a beneficiary of many of these service hours and was able to assist over 1,900 tri-county residents last year because of this support. Finally, TCOA supplements its state and local funding with grant writing and fundraising activities throughout the year. These activities help to pay for additional client services and office supplies and equipment that the agency could not otherwise afford.

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Public Hearings

In order to gather information regarding the needs of older adults in the PSA, the Area Agency must employ a strategy for gaining input directly from older persons throughout the PSA. The strategy should involve multiple methods and may include a series of input sessions, use of social media, on-line surveys, etc.

At least one public hearing on the FY 2015 AIP must be held in the PSA. The hearing must be held in an accessible facility. Persons need not be present at the hearing in order to provide testimony; e-mail and written testimony must be accepted for at least a thirty (30) day period beginning when the summary of the AIP is made available. The public hearing notice should be available at least thirty (30) days in advance of the scheduled hearing. This notice must indicate the availability of a summary of the AIP at least fifteen (15) days prior to the hearing, and information on how to obtain the summary. Persons who should be notified of the public hearing include elected officials, service providers, older adults, Native Americans both on and off reservation, and the general public. All components of the AIP should be available for the public hearings.

Complete the chart below regarding your public hearings. Include the date, time, number of attendees and the location and accessibility of each public hearing. Please scan any written testimony as a PDF and upload on this tab. A narrative description of the public input strategy and hearings is also required. Please describe the strategy/approach employed to encourage public attendance and testimony on the Area Plan. Describe all methods used to gain public input and the resultant impact on the Area Plan.

Date	Location	Time	Is Barrier Free	No of Attendees
06/12/2014	Tri-County Office on Aging, 53	01:00 PM	Yes	26

Narrative:

This section will be completed following the public hearing on June 12, 2014 at 1PM.

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Scope of Services

Describe changes from the approved FY 2014-2016 MYP, if any, to the AAAs priorities for addressing identified unmet needs within the PSA for FY 2015. When a customer desires services not funded under the AIP/MYP or available where they live, describe the options the Area Agency offers.

1. Describe changes from the approved FY 2014-2016 MYP, if any, to the AAAs priorities for addressing identified unmet needs within the PSA for FY 2015.

Priorities have not changed since the FY 2014-2016 MYP.

2. When a customer desires services not funded under the AIP/MYP or available where they live, describe the options the area agency offers.

Every request that is made to TCOA is addressed using a person-centered process. Staff members work with individuals to ascertain their needs and wants and work to find a way to fulfill them. Not every service needed or requested can be funded or provided by TCOA. In order to better assist individuals, TCOA has an active Information and Assistance program and Community Resource Directory that can help connect individuals with the programs and services requested. Additionally, TCOA staff work closely with staff members in other organizations and agencies to more efficiently utilize resources and cross-refer between programs. Finally, when a person is looking for more in-depth assistance, TCOA employs an Options Counselor that is available to work with the individual, and the support persons of their choice, to create a person-centered plan.

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OSA

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Planned Service Array

Complete the FY 2015 Planned Services Array form for your PSA. Indicate the appropriate placement for each OSA adopted service category and proposed Regional Service Definition(s). Unless noted otherwise, services are understood to be available PSA wide.

	Access	In-Home	Community
Provided by Area Agency	<ul style="list-style-type: none"> • Care Management • Case Coordination and Support • Information and Assistance • Outreach 	<ul style="list-style-type: none"> • Home Delivered Meals 	<ul style="list-style-type: none"> • Congregate Meals • Disease Prevention/Health Promotion • Caregiver Education, Support and Training
Contracted by Area Agen	<ul style="list-style-type: none"> • Information and Assistance • Transportation 	<ul style="list-style-type: none"> • Chore • Home Care Assistance • Home Injury Control • Homemaking • Home Health Aide • Medication Management • Personal Care • Assistive Devices & Technologies • Respite Care 	<ul style="list-style-type: none"> • Adult Day Services • Disease Prevention/Health Promotion • Home Repair • Legal Assistance • Long-term Care • Ombudsman/Advocacy • Programs for Prevention of Elder Abuse, Neglect, and Exploitation • Counseling Services • Kinship Support Services
Participant Private Pay	<ul style="list-style-type: none"> • Transportation 	<ul style="list-style-type: none"> • Chore • Home Care Assistance • Home Injury Control • Homemaking • Home Health Aide • Medication Management • Personal Care • Assistive Devices & Technologies • Respite Care 	<ul style="list-style-type: none"> • Adult Day Services • Nutrition Counseling • Nutrition Education • Health Screening • Assistance to the Hearing Impaired and Deaf • Home Repair • Legal Assistance • Vision Services
Funded by Other Source	<ul style="list-style-type: none"> • Disaster Advocacy and Outreach Program 	<ul style="list-style-type: none"> • Friendly Reassurance 	<ul style="list-style-type: none"> • Disease Prevention/Health Promotion • Assistance to the Hearing Impaired and Deaf • Home Repair • Legal Assistance • Senior Center Operations • Senior Center Staffing • Programs for Prevention of Elder Abuse, Neglect, and Exploitation • Kinship Support Services

* not PSA-wide

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Targeting

Describe changes for FY 2015, if any, to the Area Agency's targeting strategy for the MYP cycle, including planned outreach efforts with underserved populations. If none, mark 'NA' in the provided dialog box. If there are changes, indicate in the provided dialog box, how specific goals or targets will be addressed in FY 2015.

1. Describe the Area Agency's targeting strategy, for services to be provided under the Area Plan for the MYP cycle including planned outreach efforts for underserved populations.

In the Region 6 planning and service area (Clinton, Eaton and Ingham Counties) several populations have been identified as being underserved. These populations include racial minorities, non-English speaking individuals, and caregivers caring for individuals with Alzheimer's disease or dementia.

In order to better serve racial minorities and non-English speaking individuals, TCOA conducted a Request for Proposal process in early Fiscal Year 2013 to contribute toward the start-up costs for a new adult day services and wellness program for minority individuals and non-English speaking individuals. The program selected is located in central Lansing, is minority owned and employs staff members who speak multiple languages. In Fiscal Year 2014, this program became an annual contractor with TCOA. During Fiscal Years 2015 and 2016, TCOA plans to work with this new program to expand its community presence and the services it provides. Additionally, TCOA has a longstanding history of partnering with Cristo Rey Community Center to provide Spanish speaking information & Assistance services to the local Hispanic Community.

In order to better serve non-professional caregivers who are caring for loved ones with Alzheimer's Disease and dementia, TCOA would like to work with local adult day services programs to expand the ability to provide respite services for individuals with these diagnoses. Currently, there are no adult day services programs in the tri-county area that serve individuals with middle to late stage Alzheimer's Disease. During Fiscal Years 2015-2016, TCOA would like to work with current providers to help them access further resources and training on Alzheimer's Disease and dementia for their program staff. With the proper training and resources, these organizations may be able to expand their programs to serve these individuals and provide respite to families with limited resources.

2. Identify the specific goals or targets that have been developed for service contracts for the MYP cycle.

The Request for Proposal Process for the 2014-2016 MYP was updated from previous planning cycles. Applicants were required to include information on how they will target providing services and programs to underserved populations. They also were required to answer whether they provide services in multiple languages. Another addition was a section that gave applicants the opportunity to explain additional certifications and trainings their staff have received to improve their quality of service. These efforts have resulted in TCOA contracting with more organizations that have bilingual and minority staff members.

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Regional Service Definitions

If the Area Agency is proposing to fund a service category that is not included in the Operating Standards for Service Programs or the approved FY 2014-2016 MYP, information about the proposed service category must be included under this tab.

If a Regional Service Definition has been previously approved, enter the service name and indicate whether the service is Access, In-home, or Community. Please include the words "previously approved" in the dialog box provided for minimum standards.

Service Category	Fund Source	Unit of Service
<input checked="" type="checkbox"/> Access <input type="checkbox"/> In-Home <input type="checkbox"/> Community	<input checked="" type="checkbox"/> Title III Part B <input type="checkbox"/> Title III Part D <input type="checkbox"/> Title III Part E <input type="checkbox"/> Title VII <input type="checkbox"/> State Alternative Care <input type="checkbox"/> State Access <input type="checkbox"/> State In-home <input type="checkbox"/> State Respite <input type="checkbox"/> Other _____	Comprehensive Community Support Services - Per 15 minutes

Service Definition

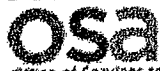
Community Living Supports - Community Living Supports facilitate an individuals independence and promote reasonable participation in the community. Community Living Supports can be provided in the participant's residence or in community settings as necessary in order to meet support and services needed sufficient to meet nursing facility level of care needs. (Previously approved in the 2014-2016 Multi-Year Plan)

Minimum Standards

Minimum Standards for Traditional Service Delivery

- Each direct service provider must have written policies and procedures compatible with the "General Operating Standards for Waiver Agents and Contracted Direct Service Providers," and minimally, Section A of the "General Operating Standards for MI Choice Waiver Service Providers."
- Community Living Supports (CLS) include:
 - Assisting, reminding, cueing, observing, guiding and/or training in the following activities: (i) meal preparation; (ii) laundry; (iii) routine, seasonal, and heavy household care and maintenance; (iv) activities of daily living such as bathing, eating, dressing and personal hygiene and, (v) shopping for food and other necessities of daily living.
 - Assistance, support, and/or guidance with such activities as: (i) money management; (ii) non-medical care (not requiring nursing of physician intervention); (iii) social participation, relationship maintenance, and building community connections to reduce personal isolation; (iv) transportation (excluding to and from medical appointments) from the participant's residence to community activities, among community activities, and from community activities back to the participant's residence; (v) participation in regular community activities incidental to meeting the individual's community living preferences; (vi) attendance at medical appointments and, (vii) acquiring or procuring goods and services necessary for home and community living.
 - Reminding, cueing, observing and/or monitoring of medication administration.
 - Staff assistance with preserving the health and safety of the individual in order that he/she may reside and be supported in the most integrated independent community setting.
- When transportation incidental to the provision of CLS is included, the Area Agency on Aging shall

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not also authorize it as a separate service for the participant. The Medicaid state plan covers transportation to medical appointments through the Department of Human Services and the Area Agency on Aging shall not authorize the same as a component of CLS.

4. CLS does not include the costs associated with room and board.

5. The Area Agency on Aging shall authorize CLS when necessary to prevent the institutionalization of the participant served.

6. The Area Agency on Aging cannot provide CLS in circumstances where the service duplicates services available under the Medicaid state plan, through the MI Choice waiver, or elsewhere. When more than one service is included in the participant's plan of care, the Area Agency on Aging must clearly distinguish services by unique hours and units approved.

7. Individuals providing CLS must be at least 18 years of age, have the ability to communicate effectively both orally and in writing and follow instructions.

8. Members of a participant's family may provide CLS to the participant. However, Area Agency on Aging shall not directly authorize CLS funds to pay for services furnished to a participant by that person's spouse

9. Family members who provide CLS must meet the same standards as providers who are unrelated to the individual.

10. The Area Agency on Aging and/or provider agency must train each worker to properly perform each task required for each participant the worker serves before delivering the service to that participant. The supervisor must assure that each worker can competently and confidently perform every task assigned for each participant served.

11. When the CLS services provided to the participant include tasks specified in 2.a.i, 2.a.ii, 2.a.iii, 2.a.v, 2.b.i, 2.b.iii, 2.b.v, 2.b.vi, 2.b.vii, or 2.d above, the individual furnishing CLS must have previous relevant experience or training and skills in housekeeping, household management, good health practices, observation, reporting, and recording information. Additionally, skills, knowledge, and/or experience with food preparation, safe food handling procedures, and reporting and identifying abuse and neglect are highly desirable.

12. When the CLS services provided to the participant include tasks specified in 2.a.iv, 2.b.ii, 2.c and 2.d above, the direct service providers furnishing CLS must also:

a. Be supervised by a registered nurse (RN) licensed to practice nursing in the State of Michigan. At the state's discretion, other qualified individuals may supervise CLS providers. The direct care worker's supervisor shall be available to the worker at all times the worker is furnishing CLS services.

b. Develop in-service training plans and assure all workers providing CLS services are confident and competent in the following areas before delivering CLS services to program participants, as applicable to the needs of that participant: safety, body mechanics, and food preparation including safe and sanitary food handling procedures.

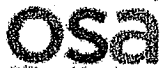
c. Provide an RN to individually train and supervise CLS workers who perform high-level, non-invasive tasks such as maintenance of catheters and feeding tubes, minor dressing changes, and wound care for each participant who requires such care. The supervising RN must assure each worker's confidence and competence in the performance of each task required.

d. Be trained in first aid and cardio-pulmonary resuscitation.

e. It is strongly recommended that each worker delivering CLS services complete a certified nursing assistance training course.

13. Each direct service provider who chooses to allow staff to assist participants with self-medication, as described in 2.c above, shall establish written procedures that govern the assistance given by staff to

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participants with self-medication. These procedures shall be reviewed by a consulting pharmacist, physician, or RN and shall include, at a minimum:

- a. The provider staff authorized to assist participants with taking their own prescription or over-the-counter medications and under what conditions such assistance may take place. This must include a review of the type of medication the participant takes and its impact upon the participant.
- b. Verification of prescription medications and their dosages. The participant shall maintain all medications in their original, labeled containers.
- c. Instructions for entering medication information in participant files.
- d. A clear statement of the participant's and participant's family's responsibility regarding medications taken by the participant and the provision for informing the participant and the participant's family for the provider's procedures and responsibilities regarding assisted self-administration of medications

14. When the CLS services provided to the participant include transportation described in 2.b.iv and 3 above, the following standards apply:

- a. Area Agency on Aging may not use funding to purchase or lease vehicles for providing transportation services to participants.
- b. The Secretary of State must appropriately license and inspect all drivers and vehicles used for transportation supported all or in part by CLS funds. The provider must cover all vehicles used with liability insurance.
- c. All paid drivers for transportation providers supported entirely or in part by CLS funds shall be physically capable and willing to assist persons requiring help to and from and to get in and out of vehicles. The provider shall offer such assistance unless expressly prohibited by either a labor contract or insurance policy.
- d. The provider shall train all paid drivers for transportation programs supported entirely to in part by CLS funds to cope with medical emergencies, unless expressly prohibited by a labor contract or insurance policy.

- e. Each provider shall operate in compliance with P.A. 1 of 1985 regarding seat belt usage.

Minimum Standards for Self-Determination Service Delivery

1. When authorizing Community Living Supports (CLS) for participants choosing the self-determination option, Area Agencies on Aging must comply with Items 2-6 of the Minimum Standards for Traditional Service Delivery specified above.
2. Each chosen provider must minimally comply with Section C of the "General Operating Standards for MIChoice Waiver Service Providers."
3. Each chosen provider furnishing transportation as a component of this service must have a valid Michigan driver's license.
4. When the CLS services provided to the participant include tasks specified in 2.a.i, 2.a.ii, 2.a.iii, 2.a.v, 2.b.iii, 2.b.v, 2.b.vi, 2.b.vii, or 2.d above, the individual furnishing CLS must have previous relevant experience or training and skills in housekeeping, household management, good health practices observation, reporting, and recording information. Additionally, skills knowledge, and/or experience with food preparation, safe food handling procedures, and reporting and identifying abuse and neglect are highly desirable.
5. When the CLS services provided to the participant include tasks specified in 2.a.iv, 2.b.ii, 2.c and 2.d above, the individual furnishing CLS must also be trained in cardiopulmonary resuscitation. This training may be waived when the provider is furnishing services to a participant who has a "Do Not Resuscitate" order.

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Rationale (explain why activities cannot be funded under an existing service definition)

This service provision will facilitate the seamless delivery of supports and services to clients regardless of the payment source being used.

Service Category	Fund Source			Unit of Service
<input type="checkbox"/> Access	<input checked="" type="checkbox"/> Title III PartB	<input type="checkbox"/> Title III PartD	<input type="checkbox"/> Title III PartE	Each Unit Equals One Individual Served
<input type="checkbox"/> In-Home	<input type="checkbox"/> Title VII	<input type="checkbox"/> State Alternative Care	<input type="checkbox"/> State Access	
<input checked="" type="checkbox"/> Community	<input type="checkbox"/> State In-home	<input type="checkbox"/> State Respite		
	<input type="checkbox"/> Other			

Service Definition

Crisis Services for the Elderly - Assistance paying for a utility bill or emergency prescription assistance with a maximum of \$200 spent per unduplicated client each fiscal year. (Previously Approved in the 2014-2016 Multi-Year Plan)

Minimum Standards

1. This service will provide assistance to individuals sixty years of age and older living in Clinton, Eaton or Ingham counties.
2. Program staff shall assess each request for assistance through the Crisis Services for the Elderly process by obtaining name, address, phone number, utility bill information and other resources the individual has approached for assistance.
3. The program shall maintain linkages with Information and Assistance programs, utility companies, local Department of Human Services and other local agencies that provide assistance for utilities.
4. The program shall develop a network of community resources to refer individuals to when other needs are identified.
5. Program staff shall be knowledgeable of community resources and have the ability to share information in a manner which empowers individuals and/or their family.

Rationale (explain why activities cannot be funded under an existing service definition)

This program is designed to assist individuals in facing non-medical emergencies, specifically prescription and utility crises. Assistance is limited to a maximum of \$200 per person per year and individuals never directly receive money. This program serves a vital role in helping to keep individuals living in the community and does not fit with any current OSA service definitions. During the 2012 FY over 500 individuals were served by this program

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Access Services

Some Access Services may be provided to older adults directly through the Area Agency without a service provision request. These services include: Care Management, Case Coordination and Support, Disaster Advocacy and Outreach Program, Information and Assistance, Outreach, and MATF Transportation.

If the Area Agency is planning to provide any of the above noted access services directly during FY 2015, complete this tab. Place a checkmark in the box next to the name of each service the Area Agency plans to provide directly during 2015 and provide the information requested. Also specify the planned goals and activities that will be undertaken to provide the service in the appropriate text box for each service category. A two-page Direct Service Budget Detail for FY 2015 (found in the Document Library) must be completed for each access service to be provided and uploaded under the Budget and Other Documents tab.

Case Coordination and Support

<u>Starting Date</u>	10/01/2014	<u>Ending Date</u>	09/30/2015
Total of Federal Dollars	\$4,086.00	Total of State Dollars	\$15,000.00

Geographic area to be served:

Case coordination and support will be provided in Clinton, Eaton and Ingham counties

Specify the planned goals and activities that will be undertaken to provide the service.

1. Provide Case Coordination and Support services to a minimum of 55 clients in Region 6 from 10/01/14 through 9/30/15.
2. Conduct assessments for all new clients and reassessments every 6 months for a minimum of 55 clients from 10/01/14 through 9/30/15.
3. Secure and monitor appropriate in-home services from 10/01/14 through 9/30/15.
4. Refer clients to other services as needed from 10/01/14 through 9/30/15.
5. Adhere to all minimum standards from 10/01/14 through 9/30/15.

Expected Outcome: Individuals not eligible for Home and Community Based Waiver (Project Choices) will have assessments and services to assist them in remaining in the home of their choice. There will be a seamless system for older adults going from Case Coordination and Support to Care Management/ Project Choices

Information and Assistance

<u>Starting Date</u>	10/01/2014	<u>Ending Date</u>	09/30/2015
Total of Federal Dollars	\$15,587.00	Total of State Dollars	\$0.00

Geographic area to be served:

Information and Assistance will be provided in Clinton, Eaton and Ingham counties.

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Specify the planned goals and activities that will be undertaken to provide the service.

1. Provide I&A services to a minimum of 2,000 older adults, family members or community members each fiscal year.
2. Secure signed contracts for general I&A services that were selected through a Request for Proposal process by 9/30/2016.
3. Monitor I&A contracts with service providers for compliance, including person centered thinking, annually.
4. Monitor the number of individuals assisted through I&A, including individuals who are considered minority, each quarter.
5. Provide Caregiver I&A services to a minimum of 100 caregivers each fiscal year.
6. Refer caregivers to identified services through a person centered process during FY 2015-2016.
7. Adhere to all OSA minimum standards.

Expected Outcomes:

1. There will be a more informed population through Information and Assistance services available in Clinton, Eaton and Ingham counties.
2. Caregivers will seek needed assistance to reduce the stress associated with their caregiving role.

Outreach

<u>Starting Date</u>	10/01/2014	<u>Ending Date</u>	09/30/2015
Total of Federal Dollars	\$8,696.00	Total of State Dollars	\$24,952.00

Geographic area to be served:

Outreach will be provided in Clinton, Eaton and Ingham counties.

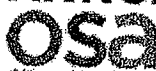
Specify the planned goals and activities that will be undertaken to provide the service.

1. Provide outreach services to a minimum of 500 individuals sixty years of age and older living in Clinton, Eaton and Ingham counties each fiscal year.
2. Provide a minimum of 15 presentations to senior, caregiver or community groups regarding agency services each fiscal year.
3. Participate in a minimum of 10 planning meetings regarding disaster preparedness each fiscal year.
4. Participate in a minimum of 5 health and information fairs in the community each fiscal year.

Expected Outcomes:

1. Greater community awareness of TCOA resources for older adults, their family members and agencies

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that assist older adults and persons with disabilities.

2. TCOA will be more prepared to assist the community in case of emergency and/or disaster.
3. Older adults with utility or prescription crises will have access to assistance with paying utility bills through the Crisis Services for the Elderly program.
4. Kinship caregivers will be better equipped to handle caregiving responsibilities by alleviating caregiver burn out.

Care Management

Starting Date 10/01/2014 Ending Date 09/30/2015

Total of Federal Dollars \$0.00 Total of State Dollars \$215,913.00

Geographic area to be served:

Care Management will be provided in Clinton, Eaton and Ingham counties.

Specify the planned goals and activities that will be undertaken to provide the service.

1. Provide Care Management services to a minimum of 160 clients in Region 6 from 10/01/14 through 9/30/15.
2. Conduct a minimum of 100 initial assessments from 10/01/14 through 9/30/15.
3. Develop a minimum of 80 care plans from 10/01/14 through 9/30/15.
4. Conduct reassessments every 3 months on all active clients or every 6 months if a client is on maintenance from 10/01/14 through 9/30/15.
5. Arrange and monitor services as needed from 10/01/14 through 9/30/15.
6. Transition eligible Care Management clients to the MI Choice program as funding allows from 10/01/14 through 9/30/15.
7. Comply with all minimum standards and quality assurances from 10/01/14 through 9/30/15.

Expected Outcome: A minimum of 160 individuals will be able to remain in their own home. There will be a seamless system for older adults going from Case Coordination and Support to Care Management.

Number of client pre-screenings:	Current Year: 500	Planned Next Year: 500
Number of initial client assessments:	Current Year: 100	Planned Next Year: 100
Number of initial client care plans:	Current Year: 80	Planned Next Year: 80
Total number of clients (carry over plus new):	Current Year: 160	Planned Next Year: 160
Staff to client ratio (Active and maintenance per Full time care	Current Year: 38	Planned Next Year: 38

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Direct Service Request

It is expected that in-home services, community services and nutrition services will be provided under contracts with community-based service providers. However, when appropriate, a service provision request may be approved by the State Commission on Services to the Aging. Service provision is defined as "providing a service directly to a senior, such as preparing meals, doing chore services, or working with seniors in an adult day setting". Service provision by the area agency may be appropriate when in the judgment of OSA: (1) provision is necessary to assure an adequate supply; (2) the service is directly related to the area agency's administrative functions; or, (3) a service can be provided by the area agency more economically than any available contractor, and with comparable quality. AAAs that request to provide an in-home service, community service, and/or a nutrition service must complete the section below for each service category.

Please place a mark in the box next to the appropriate service name and enter the information requested pertaining to basis, justification, and public hearing discussion for any new (not already approved with the FY 2014-2016 MYP) Direct Service Request for FY 2015.

A Work Plan and two page Budget Detail for FY 2015 are required to be completed for each service provided directly, even if already approved with the FY 2014-2016 MYP. Work Plan and budget forms to be completed are located in the Document Library and are to be uploaded under the Budget and Other Documents tab.

Please skip this tab if the Area Agency does not plan to provide any in-home, community, or nutrition services directly during FY 2015.

Caregiver Education, Support and Training

Total of Federal Dollars \$7,686.00

Total of State Dollars \$0.00

Geographic area to be served:

Region 6: Clinton, Eaton and Ingham Counties

Section 307(a)(8) of the Older Americans Act provides that services will not be provided directly by an Area Agency on Aging unless, in the judgment of the State agency, it is necessary due to one or more of the three provisions described below. Please select the basis for the services provision request (more than one may be selected).

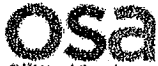
(A) Provision of such services by the Area Agency is necessary to assure an adequate supply of such services.

(B) Such services are directly related to the Area Agency's administrative functions.

(C) Such services can be provided more economically and with comparable quality by the Area Agency.

The Creating Confident Caregivers curriculum is one of the most popular evidence based disease prevention programs in the planning and service area. This program meets the needs of a population of caregivers that no other evidence based disease prevention program in the area does. The direct provision

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of this service is necessary to assure that there is an adequate supply of this program in PSA 6 during FY 2015.

Provide a detailed justification for the service provision request. The justification should address pertinent factors that may include: a cost analysis; needs assessment; a description of the area agency's efforts to secure services from an available provider of such services; or a description of the area agency's efforts to develop additional capacity among existing providers of such services. If the service is considered part of administrative activity, describe the rationale and authority for such a determination.

Region 6 AAA has been providing Creating Confident Caregivers classes under a statewide grant since 2008. Currently, the agency has three Creating Confident Caregivers Trainers capable of teaching classes. One of these trainers is also working on achieving her Master Trainer certification. Since the statewide grant expired on September 30, 2012, TCOA would like to continue to provide these classes using Title III-E funding in FY 2015.

Describe the discussion, if any, at the public hearings related to this request. Include the date of the hearing(s).

This direct provision was granted last year during the 2014-2016 MYP. The direct provision of Caregiver Education, Support and Training by providing Creating Confident Caregivers/SAVVY Caregiver classes was included in each of the two public hearings discussing the FY2014-2016 Multi-Year Plan as well as the public hearing for the FY 2015 AIP.

Congregate Meals

Total of Federal Dollars \$498,198.00

Total of State Dollars \$7,909.00

Geographic area to be served:

Region 6: Clinton, Eaton and Ingham Counties

Section 307(a)(8) of the Older Americans Act provides that services will not be provided directly by an Area Agency on Aging unless, in the judgment of the State agency, it is necessary due to one or more of the three provisions described below. Please select the basis for the services provision request (more than one may be selected).

(A) Provision of such services by the Area Agency is necessary to assure an adequate supply of such services.

(B) Such services are directly related to the Area Agency's administrative functions.

(C) Such services can be provided more economically and with comparable quality by the Area Agency.

This provision is necessary to assure an adequate supply of congregate meals in Region 6.

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Provide a detailed justification for the service provision request. The justification should address pertinent factors that may include: a cost analysis; needs assessment; a description of the area agency's efforts to secure services from an available provider of such services; or a description of the area agency's efforts to develop additional capacity among existing providers of such services. If the service is considered part of administrative activity, describe the rationale and authority for such a determination.

Tri-County Office on Aging has actively sought other providers to administer the Congregate Nutrition Program by putting out a Request for Proposal for providing this service every three years and no one has answered the requests. Michigan Office of Services for the Aging asked TCOA to assume the Congregate Nutrition Program, therefore, TCOA has assumed the role.

Describe the discussion, if any, at the public hearings related to this request. Include the date of the hearing(s).

During the public hearings an overview of the Multi-Year Plan was presented to attendees. It was stated that a Request for Proposal process coincides with the multi-year plan and which programs would be part of the Request for Proposal. This included stating that the Congregate Meal Program was included in this. No questions or comments were made by attendees regarding this topic. During the Request for Proposal process no organization submitted an application to provide Congregate Meals.

Home Delivered Meals

Total of Federal Dollars \$325,111.00

Total of State Dollars \$286,458.00

Geographic area to be served:

Region 6: Clinton, Eaton and Ingham Counties

Section 307(a)(8) of the Older Americans Act provides that services will not be provided directly by an Area Agency on Aging unless, in the judgment of the State agency, it is necessary due to one or more of the three provisions described below. Please select the basis for the services provision request (more than one may be selected).

(A) Provision of such services by the Area Agency is necessary to assure an adequate supply of such services.

(B) Such services are directly related to the Area Agency's administrative functions.

(C) Such services can be provided more economically and with comparable quality by the Area Agency.

This provision is necessary to assure an adequate supply of home delivered meals in Region 6.

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Provide a detailed justification for the service provision request. The justification should address pertinent factors that may include: a cost analysis; needs assessment; a description of the area agency's efforts to secure services from an available provider of such services; or a description of the area agency's efforts to develop additional capacity among existing providers of such services. If the service is considered part of administrative activity, describe the rationale and authority for such a determination.

TCOA has been providing Home Delivered Meals since 1976. To date, Home Delivered Meals has never had a waiting list, we receive local donations and other in-kind supports to help maintain this program. TCOA has actively sought out other providers by putting out a Request for Proposal for this program every three years and no one has answered the request. Michigan Office of Services to the Aging has asked TCOA to assume the Home Delivered Meals program, therefore, TCOA has assumed the role.

Describe the discussion, if any, at the public hearings related to this request. Include the date of the hearing(s).

During the public hearings an overview of the Multi-Year Plan was presented to attendees. It was stated that a Request for Proposal process coincides with the multi-year plan and which programs would be part of the Request for Proposal. This included stating that the Home Delivered Meals program was included in this. No questions or comments were made by attendees regarding this topic. During the Request for Proposal process no organization submitted an application to provide Home Delivered Meals.

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Regional Service Request

It is expected that regionally defined services will be provided under contracts with community-based service providers. However, when appropriate, a Regional Service Provision request may be approved by the Michigan Commission on Services to the Aging. Regional service provision by the area agency may be appropriate when in the judgment of OSA: (1) provision is necessary to assure an adequate supply; (2) the service is directly related to the area agency's administrative functions; or, (3) a service can be provided by the area agency more economically than any available contractor and with comparable quality. Area agencies that request to provide a regional service must complete this tab for each service category.

Please place a mark in the box next to the appropriate service name and enter the information requested pertaining to basis, justification and public hearing discussion for any new (not already approved with the FY 2014-2016 MYP) regional service request for FY 2015.

A Work Plan and two-page budget detail for FY 2015 are required to be completed for each regional service provided directly, even if already approved with the FY 2014-2016 MYP. The Work Plan and budget forms to be completed are located in the Document Library and are to be uploaded under the Budget and Other Documents tab.

Please skip this tab if the Area Agency is not planning on providing any regional services directly during FY 2015.

Crisis Services For The Elderly

Total of Federal Dollars \$14,324.00

Total of State Dollars \$4,041.00

Geographic area to be served:

Region 6: Clinton, Eaton and Ingham Counties

Section 307(a)(8) of the Older Americans Act provides that services will not be provided directly by an Area Agency on Aging unless, in the judgment of the State agency, it is necessary due to one or more of the three provisions described below. Please select the basis for the services provision request (more than one may be selected).

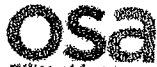
(A) Provision of such services by the Area Agency is necessary to assure an adequate supply of such services.

(B) Such services are directly related to the Area Agency's administrative functions.

(C) Such services can be provided more economically and with comparable quality by the Area Agency.

Crisis Services for the Elderly is a twenty-four hour hotline for seniors with non-medical emergencies designed to help older adults resolve problems in times of crisis. For this program, a crisis is defined as a situation an older adult encounters that needs an immediate response for which the client sees no clear or obvious resolution. CSE is available to older adults in the planning and service area age sixty or older. There is also an energy assistance component to the Crisis program which serves seniors in all of Clinton,

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Eaton and Ingham counties who have received a utility shut-off notice, or who heat their homes with deliverable fuel and in a crisis situation. For the last several fiscal years this program has served over 400 seniors in crisis annually. It is projected that this program will continue to grow and serve more seniors as the need grows. Additionally, as more assistance season restrictions are being placed on government agencies, Crisis Services for the Elderly has seen increased demand in individuals seeking help with no other agency resources available. In order to assist the number of individuals with these urgent needs, the Area Agency needs to continue to provide this service.

Provide a detailed justification for the service provision request. The justification should address pertinent factors that may include: a cost analysis; needs assessment; a description of the area agency's efforts to secure services from an available provider of such services; or a description of the area agency's efforts to develop additional capacity among existing providers of such services. If the service is considered part of administrative activity, describe the rationale and authority for such a determination.

A - Provision of such services by the Area Agency is necessary to assure an adequate supply of such services.

Describe the discussion, if any, at the public hearings related to this request. Include the date of the hearing(s).

This service provision was granted at part of the 2014-2016 MYP. It was discussed as part of the Multi-Year Plan public hearings. Additionally, it was discussed as part of the public hearing held for the 2015 AIP on June 12, 2014.

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Program Development Objectives

For FY 2015, please provide information for all program development objectives that will be actively addressed during the fiscal year. This may include objectives previously presented in the MYP for fiscal years 2015 and/or 2016 as well as any new objectives, or activities, proposed by the Area Agency.

Please identify for each objective the following:

1. The State Plan goal, if appropriate, that the objective relates to.
2. Staff positions and time to be allocated to the objective (expressed as total FTEs per objective).
3. The desired outcome.

Program Development Objectives related to either state or regional goals are to be included under this tab. A separate, cumulative program development narrative is no longer required. However, a narrative for each objective is expected.

State Plan Goal: Goal 1

--Work to improve the health and nutrition of older adults

AAA Response:

Objective:

Improve the quality of food provided through Meals on Wheels while maintaining low meal costs. C. Buonodono - Nutrition Director - 80 hours - \$2640 from Nutrition funding.

Timeline:

FY 2015-2016

Activities:

- Seek alternatives to current supply vendors to save money and improve the quality of ingredients purchased.
- Research the possibility of establishing a frozen meal pantry for Meals on Wheels clients.

Expected Outcome:

Clients will have access to a variety of high-quality meals through the Meals on Wheels program while the program maintains a low cost per meal.

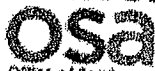
Narrative

It is important to regularly assess both client satisfaction with the quality of food being served through Meals on Wheels and the cost of preparing those meals. This is especially true as the cost of food and supplies continues to rise as the economy shifts.

State Plan Goal: Goal 2

--Ensure that older adults have a choice in where they live through increased access to information and

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services

AAA Response:

Objective:

Work with the ADRC-Capital Area Partnership to outreach to local seniors, persons with disabilities and care providers about the ADRC-Capital Area. I and A Specialist - 50 hours - \$1050 from State Aging Network funding

Timeline:

FY 2015-2016

Activities:

- Include ADRC-Capital Area Partnership updates at quarterly Joint Providers meetings.
- Include an ADRC-Capital Area Partnership update during at least one quarterly TCOA all-staff meeting.
- Include ADRC-Capital Area Partnership outreach materials when TCOA attends health fairs and other community outreach events.

Expected Outcome:

Tri-County residents will have greater access to available information and services.

Narrative

The ADRC-Capital Area Partnership received its Emerging Status from the Michigan Office of Services to the Aging in April 2012. The Partnership has continued to meet monthly and expects to receive its Fully Functional status by September 20, 2014. Following becoming Fully Functional the partnership looks forward to beginning outreach for the partnership.

AAA Response:

Objective:

Improve access to adult day services programming for underserved populations in the tri-county area. L. Olson - Community Relations and Grants Specialist - 40 Hours - \$960 from Program Development funding.

Timeline:

FY 2015-2016

Activities:

- Explore establishing an adult day services program in a rural area outside the city of Lansing.
- Work with local adult day services providers and the Alzheimer's Association to examine expanding adult day services programming options for individuals with middle and late stage Alzheimer's disease and dementia.

Expected Outcome:

There will be a decreased rate of caregiver burn-out in the tri-county area

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Narrative

The 2013 needs assessment and public hearings indicated interest in expanding adult day services programming in the tri-county area.

State Plan Goal: Goal 3

--Protect older adults from abuse and exploitation

AAA Response:

Objective:

Strive to maintain a volunteer pool of at least 5 Medicare/Medicaid Assistance Program (MMAP) volunteers. Stacey Humphrey, Regional MMAP Coordinator, 104 hours. A total of \$2,450 from MMAP funds.

Timeline:

FY 2015-16

Activities:

- Recruit and train new MMAP volunteers
- Utilize social media and outreach to obtain new volunteers

Expected Outcome:

Beneficiaries in the community will be able to access information and assistance to better help with making an informed decision regarding Medicare, Medicaid, Prescription Drug Coverage, Supplemental Insurance, Long Term Care Insurance and Waste, Fraud, Abuse and Exploitation.

Narrative

MMAP is one of the most sought after programs in the tri-county area. Maintaining a consistent volunteer pool is necessary to keep up with community demand.

AAA Response:

Objective:

Improve advocacy on behalf of older adults and persons with disabilities in the tri-county area. L. Olson - Community Relations and Grants Specialist - 40 Hours - \$960 from Program Development funding.

Timeline:

FY 2015-2016

Activities:

- Have local seniors represent the tri-county area on the Michigan Senior Advocates Council and State Advisory Council to advocate for older Michiganders.
- Tri-County Office on Aging's Advisory Council outreach committee will work with local community organizations to increase TCOA's communication and outreach network.
- Continue to have Tri-County Office on Aging staff member representation on the planning committee for

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Older Michiganians Day.

Expected Outcome:

Community members and legislators will have increased awareness of Tri-County Office on Aging and issues impacting local seniors and persons with disabilities.

Narrative

Advocacy is a major component of TCOA's mission to "promote and preserve the independence and dignity of the aging population." Expanding advocacy in the service area is always considered a priority to the agency.

State Plan Goal: Goal 4

--Improve the effectiveness, efficiencies, and quality of services provided through the Michigan aging network and its partners

AAA Response:

Objective:

Work with a cross-provider collaborative to improve the quality of care for high risk older adults and persons with disabilities. C. Nogle - Project Choices Director - 100 Hours - \$362 from Care Management funding.

Timeline:

FY 2015

Activities:

- Attend meetings with a cross-provider collaborative to work on reducing unnecessary hospital readmissions.
- Work with CMS, local hospitals and community providers on the Capital Area Community Based Care Transitions Program to reduce hospital readmissions for high-risk Medicare beneficiaries by 20%.
- Work to expand the Capital Area Community Based Care Transitions Program to include payers other than CMS

Expected Outcome:

Individuals who are at high-risk for hospital readmission will be less likely to return to the hospital.

Narrative

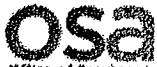
The cross-provider collaborative, currently known as the Capital Area Collaborative for Care Transitions, has been actively partnering with TCOA to work on improving the quality of care for individuals leaving hospitals in the service area. This partnership offers the opportunity to positively impact the health of some of the most vulnerable residents in the tri-county area.

AAA Response:

Objective:

Work with the Ingham County Health Department to improve the health of high-usage Medicare beneficiaries in the tri-county area. S. Aikman - Assistant Director - 100 Hours - \$4400 from Administration

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funding.

Timeline:

FY 2015

Activities:

- Continue to partner with the Ingham County Health Department on Michigan Pathways to Better Health innovations grant through the Centers for Medicare and Medicaid Services to use Community Health Workers to work with high-usage Medicare beneficiaries in Ingham County to improve enrollees' health, increase enrollees' utilization of primary care services and decrease the cost of enrollees' health care.
- Serve at least 86 high-risk individuals through the Community Health Worker program annually

Expected Outcome:

High-usage Medicare beneficiaries will have improved health in Ingham County.

Narrative

This partnership with the Ingham County Health Department is entering its 2nd year. It focuses on empowering individuals to make well-informed, positive health decisions.

State Plan Goal: Goal 5

--Recognize and celebrate the cultural, economic, and social contributions of older adults, and create opportunities for engagement in their communities

AAA Response:

Objective:

Work to counteract the negative effects ageism has on the public perception of older adults in the tri-county area. L. Olson - Community Relations and Grants Specialist - 40 Hours - \$960 from Program Development funding.

Timeline:

FY 2015

Activities:

- Utilize the social media and the TCOA website to counter negative stereotypes associated with aging.
- Include ageism as a topic in public outreach activities

Expected Outcome:

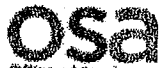
Community members will be better informed about the negative impact of ageism

Narrative

Tri-County Office on Aging's mission is to "promote and preserve the Independence and dignity of the aging population". This objective directly ties to the agency's mission.

State Plan Goal: Goal 7

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--Provide a variety of opportunities for older adults to enhance their physical and mental well-being, using evidence-based practices and other innovative programs.

AAA Response:

Objective:

Promote and expand access to evidence based disease prevention programs in the tri-county area. L. Olson - Community Relations and Grants Specialist - 40 hours - \$960 from Program Development funds.

Timeline:

FY 2015-2016

Activities:

- Work to expand Personal Action Toward Health (PATH) programming in the tri-county area, focusing on serving minority and non-English speaking populations.
- Work with a local service provider to research receiving Medicare reimbursement for evidence based diabetes self-management programs.
- Explore establishing a wellness program in the inner city Lansing area.

Expected Outcome:

Tri-county residents will have improved health due to greater access to evidence based disease prevention programs.

Narrative

The needs assessment conducted in early 2013 indicated a great deal of interest in fitness and wellness classes in the tri-county area. Evidence based disease prevention programs will help to fill this local need.

State Plan Goal: Goal 8

--Provide advocacy, information, training, and services to support the rights of older adults to live free from abuse, neglect, and exploitation.

AAA Response:

Objective:

Promote cultural competency on Lesbian, Gay, Bisexual and Transgender issues impacting local seniors and persons with disabilities. L. Tarrant - I & A Specialist - 80 Hours - \$1680 from State Aging Network funding.

Timeline:

FY 2015-2016

Activities:

- Provide cultural competency training on Lesbian, Bisexual, Gay and Transgender issues and concerns to a minimum of twenty TCOA staff members.
- Continue to work to add Lesbian, Bisexual, Gay and Transgender inclusive language in TCOA forms and client materials.

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Expected Outcome:

The agency will have increased competency in working with a diverse group of populations.

Narrative

It is important to ensure that staff members, agency documents and policies continue to serve the needs of all individuals in a person-centered manner that recognizes the increasing diversity in the service area.

State Plan Goal: Goal 9

--Develop and enhance public and private partnerships to better serve older adults.

AAA Response:

Objective:

Increase access to Kinship Care services in the tri-county area. L. Olson - Community Relations and Grants Specialist - 20 Hours - \$480 from Program Development funding.

Timeline:

FY 2015

Activities:

Explore expanding partnerships with community organizations to provide kinship care services in the tri-county area as a means to expand the program.

Expected Outcome:

There will be increased access to kinship care services in the tri-county area

Narrative

Kinship Care services continues to be underutilized in the tri-county area. Focusing on expanding partnerships for this service will, hopefully, increase community awareness of this service.

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Advocacy Strategy

Describe the AAA's comprehensive advocacy strategy for FY 2015. Describe how the agency's advocacy efforts will improve the quality of life of older adults within the PSA. Enter your advocacy strategy in the dialog box.

AAA Response:

The Tri-County Office on Aging (TCOA) advocates for seniors and persons with disabilities to help assure that they can live as independently as possible. The second goal of TCOA's mission statement, "to promote and preserve the independence and dignity of the aging population", is to advocate for adequate resources and sound public policy.

Advocacy is done on the national, state and local levels. TCOA's membership in the Area Agencies on Aging Association of Michigan (AAAAM) and the National Association of Area Agencies on Aging (NAA) provides timely information on important issues and bills being discussed and voted on in the National and State Legislatures. Through the AAAAM, TCOA has participated in efforts to promote, reopen and expand the MI Choice Program, locally known as Project Choices, in Region 6 and state-wide. Many agencies, programs and individuals in Region 6 are also on the statewide coalition in support of MI Choice.

The TCOA Advisory Council appoints three representatives to the Michigan Senior Advocates Council (MSAC). The MSAC representatives report to the Advisory Council at their monthly meetings on proposed legislation and issues being worked on. The Advisory Council's opinion is also sought and at times a resolution is passed in support of an issue. Typical concerns of this group are health coverage (Medicare & Medicaid), income (Social Security, Supplemental Security Income and pension security), state funding for senior programs, elder abuse and public utility costs and regulation. One local senior is a representative to the Michigan Office of Service to the Aging Advisory Council as well as a staff member of the local Social Security Administration office who serves on TCOA's Advisory Council. The local State Advisory Council members attend the State Advisory Council meetings and reports to the TCOA Advisory Council.

When the TCOA Advisory Council membership has a concern, they seek out more information and may support an issue through a resolution or write a letter expressing their opinion. This information is then shared with the appropriate individual(s) or organizations. Periodically information on how to advocate as an individual is provided, this includes data on current topics, tips on advocacy, pertinent statistics and names and addresses of National and State elected officials. The Advisory Council membership is encouraged to personally express their ideas and to encourage other groups they are involved with to do the same.

During FY 2014 the TCOA Advisory Council membership voiced their support for Michigan elder abuse legislation through written and verbal testimony at committee hearings. Additionally, some Advisory Council members made personal visits to every local Representative and Senator in the Michigan House of Representatives and Senate. The Advisory Council Members plan to increase their advocacy efforts throughout the community including increasing outreach and networking. Seniors are encouraged to let elected officials know their opinion on an issue with tips on advocacy and how to contact elected officials with names, e-mail addresses and phone numbers provided.

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The TCOA Executive Director is a member of the AAAAM Steering Committee that planned the first Older Michiganian's Day in June 2008; and is working on the event again for June 3, 2014. The event is held on the Michigan Capital lawn with elected officials speaking. In 2013, Region 6 had older adults, clients, staff, Advisory Council Members and Board Members attend along with MSAC members. Some visited local elected officials to seek support for the three part advocacy platform: increase senior accessibility to a full range of high quality long term care options, educating on the economic impact Michigan seniors have on the economy and protecting seniors from abuse and financial exploitation.

The Tri-County Aging Consortium Board is kept informed of national and state issues and also expresses their concern or support on issues. Because they are all elected officials or their appointees, these individuals are advocates at their respective unit of government in support of older adults.

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Leveraged Partnerships

Describe the Area Agency's strategy for FY 2015 to partner with providers of services by other resources as indicated in the PSA Planned Service Array.

Include, at a minimum, plans to leverage resources with organizations in the following categories: Community Action Agencies; Public Health; Mental Health; Commissions and Councils on Aging; Centers for Independent Living (CILS); other

In addition to the ADRC-Capital Area Partnership, TCOA works numerous local partnerships and collaboratives in the area to identify the needs and wants of community members. Many of these groups include the membership of Community Action Agencies; Clinton Eaton and Ingham Community Mental Health, and Capital Area Center for Independent Living. Currently, two partnerships the agency is participating in have resulted in new programs being offered in the service area.

Community Health Worker

At the beginning of 2013, TCOA began participating in the Michigan Pathways to Better Health (MPBH) initiative. This initiative is funded by the U.S. Department of Health and Human Services Centers for Medicare and Medicaid Services through a Health Care Innovations Grant to the Michigan Public Health Institute. Locally, this program is administered by the Ingham County Health Department and has partners throughout the county serving the needs of high risk populations. The MPBH is based on the Pathways Community HUB Model and will serve adult Medicare and Medicaid beneficiaries with two or more chronic conditions. MPBH goals include: a) improve enrollees' health, b) increase enrollees' utilization of primary care services, and c) decrease the cost of enrollees' health care by decreasing utilization of the Emergency Departments and hospitalizations.

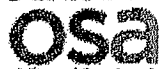
The MPBH initiative started on July 1, 2012 and began enrolling and serving clients on January 1, 2013. As an agency partner, TCOA currently employs one Community Health Worker through this program to help provide access to coordination of social services and healthcare services. It is hoped that this program will continue to build community connections and provide needed coordination of services in Ingham County throughout its three year grant period. As of April 1, 2014 TCOA's Community Health Worker has served 73 clients.

Capital Area Collaborative for Care Transitions

In 2010, TCOA began attending meetings of the Chronic Disease Management Collaborative (CDMC). This group is a cross-provider collaborative that meets monthly with the goal of collaborating with other organizations/agencies to reduce hospital readmission rates in the tri-county area. Throughout the duration of this collaborative, members have worked on several projects to improve the quality of care for high-risk individuals.

In 2012, collaborative members worked to submit a funding request for a Community-Based Care Transitions Program (CCTP) to the Centers for Medicare and Medicaid Services under section 3026 of the Affordable Care Act with TCOA as the lead organization and fiduciary for this proposed project. The purpose of this request is to use two evidence based programs, the Bridge Model of Transitional Care and

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BOOST, to improve care transitions and reduce unnecessary hospital readmissions in high-risk Medicare patients by 20%. In late January 2013, TCOA received notification that the submitted proposal for a CCTP was accepted and the program began to work with participants in April 2013. As of April 2014 the CCTP program has served 867 clients.

Describe the area agency's strategy for FY 2015 for ADRC partnerships in the context of the access services system within the planning and service area.

The intention of the ADRC-Capital Area Partnership is to receive Fully Functional status from OSA no later than September 30, 2014. Once the partnership receives Fully Functional status the partnership will have two new goals for the 2015 Fiscal Year.

The first goal of the partnership will be to actively turn the partnership's business plan into reality. For the last several years the partnership has been creating plans and procedures with limited implementation. Fiscal Year 2015 will be the first time that all of these will be actively used. Throughout the 2015 Fiscal Year partners will continue to meet and work to make the ADRC-Capital Area Partnership an active resource for the community to use.

The second goal for Fiscal Year 2015 will be to promote the partnership within the community. Throughout the development process, the partnership has limited its community outreach. The partnership did not want to actively promote the ADRC within the community until it was Fully Functional and able to assist individuals in need. Local service providers have been given periodic updates on the progress of the local ADRC partnership, but there has not been active outreach to community members. Once the partnership receives fully functional status, partners will begin to outreach to community members and work to gain community recognition. This can be done through presentations, attendance at health fairs and promoting the ADRC - Capital Area Partnership on local radio.

Describe how the area agency can support Aging Friendly Community/Community for a Lifetime initiatives within the PSA, with the following as requested (include any past or present efforts underway).

- Community assessments, senior survey results and demographic data that can be shared with community groups to enhance aging friendly assessments.
- Information that can be provided to community groups to enhance the quality of their aging friendly community assessment in such areas as; supportive community systems, health care access, transportation, disease prevention/health promotion, safety, home repair and other relevant areas.
- Technical assistance that can be offered to community groups in developing and collaborating on aging friendly community assessments or improvements.
- Please identify the area agency staff contact regarding Aging Friendly Communities/Community for a Lifetime activities within the PSA:

TCOA can support Aging Friendly Community/Community for a Lifetime initiatives by:

- Making available the results of the 2013 needs assessment to local communities.
- Supporting community outreach activities to local seniors.
- Provide education on long term care supports and services to community leaders.
- Support the establishment of senior advisory councils to local governments throughout the tri-county area.

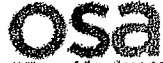
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The TCOA staff contact for Aging Friendly Community/Community for a Lifetime is LeeAnna Olson.

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Community Focal Points

Please review the listing of Community Focal Points for your PSA below and update as necessary. Specifically note whether or not updates have been made. Make any changes or corrections necessary to the listing.

Describe the rationale and method used to assess the ability to be a community focal point, including the definition of community. Explain the process by which community focal points are selected.

The rationale for the selection of the community focal points is to have a central place and/or cultural center within each community where seniors go or identify as a place to access or learn about services. Also, each identified focal point has a paid staff person who has responsibility to work with seniors.

The Tri-County Office on Aging defines a community as a specific geographical location where persons live within a larger society and share a common interest; or a group of persons sharing a common cultural background. In the Tri-County Area, those living in a designated geographical boundary within an area will be identified as living in the same community. For example, an older person living within the geographical boundaries of St. Johns in Clinton County will share the same community and identify with the Information and Assistance (I&A) offices as well as the Clinton County Senior Citizens Drop-In Center in St. Johns. A cultural center in the community where persons of similar heritage congregate and/or access services is also identified as a focal point.

The Tri-County Aging Consortium Administrative Board is made up of County Commissioners from Clinton (2), Eaton (3) and Ingham (3) Counties and Lansing (4) and East Lansing (1) City Council members or their designee (See Appendix B). Also, the aforementioned local units of government appoint the senior members of the Advisory Council and this Board approves agency representatives. The Administrative Board is charged with the responsibility of overseeing the functions of the Tri-County Office on Aging and is responsible for all phases of the Area Plan. This includes the identification of Community Focal Points in the region. The Advisory Council reviews documents and makes recommendations to the Board.

With the consensus of the Administrative Board, Advisory Council, senior citizens and Tri-County Office on Aging staff, community focal points are to be identified as the I&A Offices (senior citizens offices) senior centers in each county, and TCOA. The senior community identifies their local senior centers, senior citizens offices and/or community centers as a place to go to receive information and/or services for senior citizens in their respective communities. In the Tri-County Area, there are two focal points identified in Clinton County; four in Eaton County; four in Ingham County other than the cities of Lansing and East Lansing; and three in the City of Lansing and one in the City of East Lansing.

In addition to the I&A Offices located in each county and Tri-County Office on Aging, several senior/community centers are identified as focal points. The seniors in the community meet at senior/community centers for various reasons and identify them as a place to go if they need additional services and/or information about senior citizen resources. The agency is particularly sensitive to the needs of minorities in the community and identified three centers where the majority of participants are from minority ethnic/cultural backgrounds. For those focal points, the definition is an ethnic/cultural boundary where persons sharing similar cultural backgrounds gather.

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The rationale used for defining a community is based on the input from staff and senior citizens in the region. In terms of identifying a community, staff has taken into consideration certain factors such as geographical area; where people go to buy groceries, shop for clothing, receive medical care and attend religious services; and where seniors go to ask for information/assistance. Also, community includes where seniors of a specific ethnic/cultural background gather and/or go to receive information/assistance.

Provide the following information for each focal point within the PSA. List all designated community focal points with name, address, telephone number, website, and contact person. This list should also include the services offered, geographic areas served and the approximate number

Name: Sam Corey Senior Center (Meridian Senior Center)
Address: 2108 N. Cedar, Holt, MI 48842
Website:
Telephone: (517) 268-0096
Contact Person: Mark Jenks
Persons: 2400
Service Area: N: Jolly, Willoughby and I-96, S: Nichols Rd., W: Waverly Rd., E: College Rd.
Services:

Name: Capital Area Community Services Clinton County Service Center
Address: 1001 S. Oakland, St. Johns, MI 48879
Website: www.cacs-inc.org
Telephone: (517) 224-7998
Contact Person: Pauline Baert
Persons: 7515
Service Area: N: Gratiot Rd., S: Sheridan Rd., W: Hubbardston Rd. (Lebanon Twp.) (Clintonia Rd., Dallas, Westphalia, Eagle Twpl.), E: Meridian Rd.
Services:

Name: Capital Area Community Services Eaton County Service Center
Address: 1370 N. Clinton, Charlotte, MI 48813
Website: www.cacs-inc.org
Telephone: (517) 543-5465
Contact Person: Serenia Beals
Persons: 12667
Service Area: N: Eaton Hwy., S: Baseline Hwy., W: Hager Rd., E: Waverly Rd.
Services:

Name: Capital Area Community Services Rural Ingham Service Center
Address: 218 East Maple Street Mason, MI 48854
Website: www.cacs-inc.org
Telephone: 517-676-1081
Contact Person: Marina Poroshin
Persons: 13773
Service Area: S: Baseline Rd., St. State Rd., W: Waverly Rd., E: Herrington Rd./Locke Twp, Wallace/LeRoy Twp. Kane (White Oak and Stockbridge (twp)
Services:

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Name: Cristo Rey Comm. Center
Address: 1717 N. High St. , Lansing, MI 48906
Website:
Telephone: (517) 372-4700
Contact Person: Sally Arias
Persons: 902
Service Area: Tri-County Focal for Seniors of Hispanic Origin in Clinton, Eaton & Ingham Co.

Services:

Name: Delhi Twp. Senior Center
Address: 2108 N. Cedar, Holt, MI 48842
Website:
Telephone: (517) 268-0096
Contact Person: Mark Jenks
Persons: 2400
Service Area: N: Jolly, Willoughby and I-96, S: Nichols Rd., W: Waverly Rd., E: College Rd.
Services:

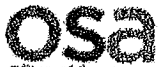
Name: Eaton Area Senior Center
Address: 804 S. Cochran, Charlotte, MI 48813
Website:
Telephone: (517) 541-2934
Contact Person: Cindy Miller
Persons: 17751
Service Area: All of Eaton County
Services:

Name: Letts Community Center
Address: 1220 W. Kalamazoo, Lansing, MI 48915
Website:
Telephone: (517) 483-4311
Contact Person: Milton Alston
Persons: 18008
Service Area: City of Lansing
Services:

Name: Prime Time, East Lansing
Address: 819 Abbott Rd., E. Lansing, MI 48823
Website: www.cityofeastlansing.com/primetime
Telephone: (517) 337-1113
Contact Person: Kelly Arndt
Persons: 3015
Service Area: N: 2 Miles N. of Lake Lansing Rd., S: Mt. Hope/Forest/Bennett, W: US 127/Collins, E: Abbott/Hagadorn/College
Services:

Name: Rocking Chair Deserters Senior Center
Address: 201 Grand, Eaton Rapids, MI 48827
Website:

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Telephone: (517) 663-2335
Contact Person: Jill Skinner
Persons: 4886
Service Area: N: Davis Hwy. /Kinsel Hwy, S. Baseline Hwy., W: Five Point-Curtis, E: Waverly Road
Services:

Name: Sam Corey Senior Center
Address: 2108 N. Cedar, Holt, MI 48842
Website:
Telephone: (517) 268-0096
Contact Person: Mark Jenks
Persons: 2400
Service Area: N: Jolly, Willoughby and I-96, S: Nichols Rd., W: Waverly Rd., E: College Rd.
Services:

Name: Tri-County Office on Aging
Address: 5303 S. Cedar St., Lansing, MI 48911
Website: www.tcoa.org
Telephone: (517) 887-1440
Contact Person: Deb Arendsen
Persons: 59806
Service Area: Lansing &&& East Lansing, serves Clinton, Eaton and Ingham Counties for Project Choices
Services:

Name: Williamston Senior Center
Address: 201 School St., Williamston, MI 48895
Website: www.wmston.k12.mi.us/communityseniorcenter
Telephone: (517) 655-5173
Contact Person: Nancy Williams
Persons: 3980
Service Area: N: Milton Rd., W: Meridian Rd., E: Wallace Rd
Services:

Name: Delta 39ers Senior Center
Address: 4538 Elizabeth, Lansing, MI 48917
Website: www.deltami.gov/parks/deltawaverly39sprogram.htm
Telephone: (517) 484-5600
Contact Person: Tammy Opdyke-Mejia
Persons: 3949
Service Area: N: Eaton Hwy, W: Royston Rd, E: Waverley Rd, S: Davis Hwy
Services:

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Other Grants and Initiatives

Use this section to identify other grants or initiatives that your AAA is participating in with OSA and other partners. Grants or initiatives to be included in this section may include TCARE®, Savvy Caregiver, Creating Confident Caregivers (CCC), Chronic Disease Self-management Programs (CDSMPs) such as PATH, and programs supporting persons with dementia, and MMAP.

Describe how these grants and other initiatives support the quality of life of older adults within the PSA. Further, describe how these other grants and initiatives reinforce the Area Agency's planned program development efforts for FY 2015.

1. Describe other grants and/or initiatives the area agency is participating in with OSA and other partners.

TCOA previously partnered with OSA for grant funding for Creating Confident Caregivers and Personal Action Toward Health (PATH) initiatives. Both of these partnerships have expired. TCOA is not currently participating in any applicable grants or initiatives with OSA.

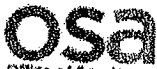
2. Describe how these grants and other initiatives will improve the quality of life of older adults within the PSA.

TCOA is not currently participating in any applicable grants or initiatives with OSA.

3. Describe how these grants and other initiatives reinforce the area agency's planned program development efforts for FY 2015.

TCOA is not currently participating in any applicable grants or initiatives with OSA.

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Appendices

Appendices are presented as individual links. Please provide all requested information for each required appendix. Please note that older versions of these appendices will not be accepted and should not be uploaded as separate documents. The appendices are:

- A. Policy Board Membership
- B. Advisory Council Membership
- C. Proposal Selection Criteria
- D. Cash-in-lieu of Commodity Agreement
- E. Waiver of Minimum Percentage of a Priority Service Category
- F. Request to Transfer Funds

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APPENDIX A

Board of Directors Membership

	Asian/Pacific Islander	African American	Native American/ Alaskan	Hispanic Origin	Persons with Disabilities	Female	Total Membership
Membership Demographics	0	2	0	1	0	8	13
Aged 60 and Over	0	0	0	0	0	0	13

Name of Board Member	Geographic Area	Affiliation	Elected Official	Appointed	Community Representative
Chris Swope	City of Lansing	Lansing City Clerk	Yes		
Jody Washington	City of Lansing	Lansing City Council	Yes		
Joan Jackson-Johnson	City of Lansing	Director of Human Relations & Community Services		Yes	
Tina Houghton	City of Lansing	Lansing City Council	Yes		
Ruth Beier	City of East Lansing	East Lansing City Council	Yes		
Jane Whitacre	Eaton County	Eaton County Commission	Yes		
Wayne Ridge	Eaton County	Eaton County Commission	Yes		
Roger Harris	Eaton County	Eaton County Commission	Yes		
Kara Hope	Ingham County	Ingham County Commission	Yes		
Rebecca Bahar-Cook	Ingham County	Ingham County Commission	Yes		
Bryan Crenshaw	Ingham County	Ingham County Commission	Yes		
Eileen Heldeman	Clinton County	Clinton County Commission	Yes		

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Jack Enderle	Clinton County	Clinton County Commission	Yes		
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FY: 2015

APPENDIX B Advisory Board Membership

	Asian/ Pacific Islander	African American	Native American/ Alaskan	Hispanic Origin	Persons With Disabilities	Female	Total Membership
Membership Demographics	0	3	0	0	2	20	25
Aged 60 and Over	0	2	0	0	2	11	15

Name of Board Member	Geographic Area	Affiliation
Bud (Felix) Fliss	East Lansing	City of East Lansing Senior Appointee
Gloria Kovnot	Eaton County	Eaton County Senior Appointee
Martha Yoder	Eaton County	Eaton County Senior Appointee
Lee Taylor	Eaton County	Eaton County Senior Appointee
Ruth Volsinet	Clinton County	Clinton County Senior Appointee
Anne Hill	Clinton County	Clinton County Senior Appointee
Regina Allen	City of Lansing	City of Lansing Senior Appointee
Penny Gardner	City of Lansing	City of Lansing Senior Appointee
Emly Horne	City of Lansing	City of Lansing Senior Appointee
Mary Estes	City of Lansing	City of Lansing Senior Appointee
Susann Baker	Ingham County	Ingham County Senior Appointee
Jane Wallin	Ingham County	Ingham County Senior Appointee
Robyn Ford	Tri-County	Social Security Administration
Maxine Rose	Tri-County	Tri-County Nutrition Council

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Gary Pollitz	Tri-County	Senior Alliance For Education (SAFE)
Tina Gross/Toby Powell	Tri-County	Sparrow Specialty Hospita
Karen Truskowski	Tri-County	Sixty Plus Elderlaw Clinic
Betsy Scala	Tri-County	Home Health Care of Sparrow
Janet Clark	Tri-County	Retired Senior Volunteer Program
Stacy Fox-Elster	Tri-County	Community Mental Health Older Adult Services
Laurie Parker	Tri-County	Capital Area Center for Independent Living
Kelly Neve	Tri-County	Clinton/Eaton County Department of Human Services
Linda Kellman	Tri-County	Michigan State University College of Nursin
Rudy Wilson	Tri-County	National Association for the Advancement of Colored People (NAACP)
Chad Johnson	Tri-County	Bethlehem Temple Church/The Bread House

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APPENDIX D

Agreement for Receipt of Supplemental Cash-In-Lieu of Commodity Payments for the Nutrition Program for the Elderly

The above identified agency, (hereinafter referred to as the GRANTEE), under contract with the Michigan Office of Services to the Aging (OSA), affirms that its contractor(s) have secured local funding for additional meals for senior citizens which is not included in the current fiscal year (see above) application and contract as approved by the GRANTEE.

Estimated number of meals these funds will be used to produce is:

500,000

These meals are administered by the contractor(s) as part of the Nutrition Program for the Elderly, and the meals served are in compliance with all State and Federal requirements applicable to Title III, Part C of the Older Americans Act of 1965, as amended.

Therefore, the GRANTEE agrees to report monthly on a separate OSA Financial Status Report the number of meals served utilizing the local funds, and in consideration of these meals will receive separate reimbursement at the authorized per meal level cash-in-lieu of United States Department of Agriculture commodities, to the extent that these funds are available to OSA.

The GRANTEE also affirms that the cash-in-lieu reimbursement will be used exclusively to purchase domestic agricultural products, and will provide separate accounting for receipt of these funds.



Tri-County Office on Aging

*A Consortium of Clinton, Eaton & Ingham Counties
and the Cities of Lansing and East Lansing since 1974*

PUBLIC HEARING

For

Tri-County Office on Aging 2015 Annual Implemental Plan (AIP)

June 12, 2014, 1:00 P.M.
Tri-County Office on Aging
5303 S. Cedar Street, Building 1
Lansing, MI 48911

Tri-County Office on Aging's Public Hearing began at 1:00 PM. The public hearing took place prior to the TCOA Advisory Council Meeting. There were twenty-six (26) individuals in attendance; twenty-one (21) from the general public and five (5) TCOA staff members. Of the general public in attendance, thirteen (13) were age sixty (60) or older and two (2) minorities. TCOA publicized the public hearing in the Lansing State Journal and two community newspapers serving the rural areas in the region. Additionally, notice of the hearing was also posted throughout the TCOA building and announced at networking meetings.

L. Olson welcomed attendees and thanked them for attending the public hearing. She gave an overview of the Fiscal Year 2015 (FY 2015) Annual Implementation Plan (AIP) and explained that FY 2015 is the second year in the 2014-2016 multi-year planning cycle. Due to this, the FY 2015 AIP is very similar to the 2014-2016 Multi-Year Plan approved by the State Commission on Aging. Highlighted program development objectives included researching the establishment of a frozen meal pantry for Meals on Wheels; working to establish a wellness program in inner city Lansing; expanding the kinship care program through partnering with community organizations; and working to add Lesbian, gay, Bisexual and Transgender (LGBT) inclusive language to TCOA forms, documents and outreach materials.

Janet Clark thanked TCOA for contracting with and supporting the local Retired and Senior Volunteer Program.

Penny Gardner inquired if the FY 2015 AIP included a section addressing LGBT issues. L. Olson indicated that it does and pointed out the sections of the AIP that relate to LGBT issues. Ms. Gardner suggested that Michigan Office of Services to the Aging add a required section to the AIP addressing LGBT issues.

Anne Hill inquired whether the FY 2015 AIP addresses Governor Snyder's goals for making Michigan a "no wait state". M. Owen stated that each year the plan addresses limiting waiting lists for in-home services. TCOA's Meals on Wheels program does not have a wait list.

Further questions and comments were encouraged and notecards were handed out to participants to allow for anonymous responses. There were no other questions or comments made at the hearing and no written responses were received for this Annual Implementation Plan. The public hearing adjourned at 1:14 PM.

EVIDENCE-BASED PROGRAMS PLANNED FOR FY 2015

Funded Under Disease Prevention Health Promotion Service Definition

Area Agency on Aging Tri-County Office on Aging	
1. Programs meeting minimal criteria: <ul style="list-style-type: none"> Demonstrated through evaluation to be effective for improving the health and wellbeing or reducing disease, disability and/or injury among older adults; and Ready for translation, implementation and/or broad dissemination by community-based organizations using appropriately credentialed practitioners. 	
	\$
	\$
	\$
	\$
2. Programs meeting intermediate criteria: <ul style="list-style-type: none"> Published in a peer-review journal. Proven effective with older adult population, using some form of a control condition (e.g. pre-post study, case control design, etc.) Some basis in translation for implementation by community level organization. 	
	\$
	\$
	\$
	\$
3. Programs meeting highest-level criteria: <ul style="list-style-type: none"> Undergone experimental or quasi-experimental design. Level at which full translation has occurred in a community site. Level at which dissemination products have been developed and are available to the public. 	
Enhanced Fitness	\$ 17,602
Personal Action Towards Health (PATH)	\$ 4000
Matter of Balance	\$ 2000
	\$

DIRECT PROVISION OF SERVICES WORK PLAN

Fiscal Year 2015

Area Agency on Aging

Tri-County Aging Consortium (Tri-County Office on Aging)

Service to be provided

Care Management

Planned time frame

FY 2015

Specify the planned goals and activities that will be undertaken to provide the service.**Goals and Activities**

GOAL: A minimum of 160 individuals will be able to remain in their own home. There will be a seamless system for older adults going from Case Coordination and Support to Care Management.

ACTIVITIES:

- a. Provide Care Management services to a minimum of 160 clients in Region 6 from 10/01/14 through 9/30/15.
- b. Conduct a minimum of 100 initial assessments from 10/01/14 through 9/30/15.
- c. Develop a minimum of 80 care plans from 10/01/14 through 9/30/145
- d. Conduct reassessments every 3 months on all active clients or every 6 months if a client is on maintenance from 10/01/14 through 9/30/15.
- e. Arrange and monitor services as needed from 10/01/14 through 9/30/15.
- f. Transition eligible Care Management clients to the MI Choice program as funding allows from 10/01/14 through 9/30/15.
- g. Comply with all minimum standards and quality assurances from 10/01/14 through 9/30/14.

Accomplishments

447 individuals were enrolled in the Care Management program during the 2012 fiscal year.

All active clients were reassessed every 3 months and all clients on maintenance were reassessed every 6 months.

All OSA minimum standards were met.

DIRECT PROVISION OF SERVICES WORK PLAN

Fiscal Year 2015

Area Agency on Aging

Tri-County Aging Consortium (Tri-County Office on Aging)

Service to be provided

Case Coordination and Support

Planned time frame

FY 2015

Specify the planned goals and activities that will be undertaken to provide the service.**Goals and Activities**

GOAL: Individuals not eligible for Home and Community Based Walver (Project Choices) will have assessments and services to assist them in remaining in the home of their choice. There will be a seamless system for older adults going from Case Coordination and Support to Care Management/ Project Choices.

- a. Provide Case Coordination and Support services to a minimum of 55 clients in Region 6 from 10/01/14 through 9/30/15.
- b. Conduct assessments for all new clients and reassessments every 6 months for a minimum of 55 clients from 10/01/14 through 9/30/15.
- c. Secure and monitor appropriate in-home services from 10/01/14 through 9/30/15.
- d. Refer clients to other services as needed from 10/01/14 through 9/30/15.
- e. Adhere to all minimum standards from 10/01/14 through 9/30/15.

Accomplishments

59 individuals were served by the Case Coordination and Support program during the 2012 fiscal year.

Reassessments were conducted for Case Coordination and Support clients every 6 months.

All OSA minimum standards were met.

DIRECT PROVISION OF SERVICES WORK PLAN
Fiscal Year 2015

Area Agency on Aging

Tri-County Aging Consortium (Tri-County Office on Aging)

Service to be provided

Congregate Meals

Planned time frame

FY 2015

Specify the planned goals and activities that will be undertaken to provide the service.**Goals and Activities**

GOAL: Provide a minimum of 95,000 hot, nutritious meals to a minimum of 2,400 seniors at Senior Dining Sites from 10/01/14 through 9/30/2015.

EXPECTED OUTCOME: 1,600 older adults will be provided with 1/3 of their minimum daily nutritional requirements and have an opportunity to socialize with their peers.

ACTIVITIES:

- a. Prepare, distribute, arrange and oversee the serving of Senior Dining Site meals.
- b. Provide a minimum of 800 congregate meals through the Senior Dine Card program targeting low-income and rural older adults.
- c. Conduct a minimum of 6 nutrition council meetings.
- d. Comply with all minimum standards.

Accomplishments

Over 100,000 congregate meals were provided to over 2,000 seniors at Senior Dining Sites during the 2013 fiscal year.

The Senior Dine Card program provided 508 meals to seniors in Clinton, Eaton and Ingham counties during the 2013 fiscal year.

Nutrition council meetings were held regularly throughout the 2013 fiscal year.

All OSA minimum standards for congregate meals were met.

DIRECT PROVISION OF SERVICES WORK PLAN
Fiscal Year 2015

Area Agency on Aging
Tri-County Aging Consortium (Tri-County Office on Aging)

Service to be provided
Information & Assistance

Planned time frame
FY 2015

Specify the planned goals and activities that will be undertaken to provide the service.**Goals and Activities**

GOAL: Provide Information and Assistance services throughout Clinton, Eaton and Ingham Counties.

ACTIVITIES:

- a. Provide I&A services to a minimum of 2,000 older adults, family members or community members each fiscal year.
- b. Monitor I&A contracts with service providers for compliance, including person centered thinking, annually.
- c. Monitor the number of individuals assisted through I&A, including individuals who are considered minority, each quarter.
- d. Provide Caregiver I&A services to a minimum of 100 caregivers each fiscal year.
- e. Refer caregivers to identified services through a person centered process during FY 2014-2016.
- f. Adhere to all OSA minimum standards

Accomplishments

2,110 received Information and Assistance from Tri-County Office on Aging during the 2012 fiscal year, including 325 minority individuals.

All OSA minimum standards were met.

Michigan Office of Services to the Aging
DIRECT PROVISION OF SERVICES WORK PLAN
Fiscal Year 2015

Area Agency on Aging

Tri-County Aging Consortium (Tri-County Office on Aging)

Service to be provided

Home Delivered Meals

Planned time frame

FY 2015

Specify the planned goals and activities that will be undertaken to provide the service.

Goals and Activities

GOAL: Provide a minimum of 450,000 hot, nutritious meals to a minimum of 1,800 older adults who qualify for Meals on Wheels from 10/1/2014 through 9/30/2015.

EXPECTED OUTCOME: Meals on Wheels participants will receive 1/3 of their daily nutritional minimum requirements and have at least a 75% satisfaction rate with the food.

ACTIVITIES:

- a. Assess/reassess Meals on Wheels participants to assure they qualify for Meals on Wheels.
- b. Prepare and make a hot meal available 7 days per week, at least 5 days delivered hot.
- c. Prepare and make available a cold sack evening meal available 7 days per week.
- d. Recruit and maintain a volunteer pool adequate to deliver meals throughout the tri-county region.
- e. Conduct a minimum of 4 Nutrition Council meetings each fiscal year.
- f. Comply with all minimum standards.

Accomplishments

In fiscal year 2013 over 440,000 meals were provided through the Meals on Wheels program. The program is on track to provide approximately 500,000 meals during fiscal year 2014.

Meals on Wheels participants were assessed for initial qualification in the program and reassessed to ensure continued qualification.

Hot meals were made available 7 days per week, with delivery being available 5 days a week.

Cold evening meals were available to program participants and were delivered with hot noon meals.

Nutrition Council meets were held regularly throughout the year during the 2012 and 2013 fiscal years.

All OSA minimum standards for home delivered meals were met.

DIRECT PROVISION OF SERVICES WORK PLAN

Fiscal Year 2015

Area Agency on Aging

Tri-County Aging Consortium (Tri-County Office on Aging)

Service to be provided

Outreach

Planned time frame

FY 2015

Specify the planned goals and activities that will be undertaken to provide the service.

Goals and Activities

GOALS: Provide outreach in the tri-county area to promote greater community awareness of resources for older adults, their family members and agencies that assist older adults and persons with disabilities.

ACTIVITIES:

- a. Provide outreach services to a minimum of 1000 individuals sixty years of age and older living in Clinton, Eaton and Ingham counties each fiscal year.
- b. Provide a minimum of 15 presentations to senior, caregiver or community groups regarding agency services each fiscal year.
- c. Participate in a minimum of 10 planning meetings regarding disaster preparedness each fiscal year.
- d. Participate in a minimum of 5 health and information fairs in the community each fiscal year.

Accomplishments

Over 7,000 individuals were reached through outreach activities during the 2012 fiscal year. Activities included presentation, health fairs, mailings, utilization of social media and local radio interviews.

Michigan Office of Services to the Aging
DIRECT PROVISION OF SERVICES WORK PLAN
Fiscal Year 2015

Area Agency on Aging

Tri-County Aging Consortium (Tri-County Office on Aging)

Service to be provided

Creating Confident Caregivers/SAVVY Caregiver

Planned time frame

FY 2015

Specify the planned goals and activities that will be undertaken to provide the service.

Goals and Activities

GOAL: Have one AAA staff Creating Confident Caregivers trainer complete Master Trainer certification.

ACTIVITIES: One current AAA staff member that is a Creating Confident Caregivers trainer will complete her Master Trainer certification.

GOAL: Provide at least 6 Creating Confident Caregivers classes to at least 60 caregivers in PSA 6 in FY 2015.

ACTIVITIES: Staff members will organize, publicize and teach the Creating Confident Caregivers classes to non-professional caregivers in the planning and service area.

Accomplishments

The Creating Confident Caregivers curriculum is one of the most popular evidence based disease prevention programs in the planning and service area. This program meets the needs of a population of caregivers that no other evidence based disease prevention program in the area does. Region 6 AAA has been providing Creating Confident Caregivers classes under a statewide grant since 2008. Currently, our agency has three Creating Confident Caregivers Trainers capable of teaching classes. One of these trainers is also working on achieving her Master Trainer certification. TCOA received permission to provide this service directly for the 2013 and 2014 fiscal years.

FY 2015 AREA PLAN GRANT BUDGET

Rev. 04/2014

Budget Period: 10/01/14 to 09/30/15
Rev. No.: 0 Page 1 of 3

Agency: TCOA
Date: 06/06/14

PSA: 6

ADMINISTRATION				
Revenues	Local Cash	Local In-Kind	Total	
Federal Administration	125,790	19,998	145,788	
State Administration	21,932		21,932	
MAIF Administration	10,777		10,777	
Other				
Total:	158,499	19,998	178,497	

Expenditures		FTEs
1. Salaries/Wages	102,600	1.75
2. Fringe Benefits	28,477	
3. Office Operations	47,420	
Total:	178,497	

Cash Match Detail		In-Kind Match Detail	
Source	Amount	Source	Amount
City of Lansing	19,998		
Total:	19,998	Total:	

SERVICES SUMMARY			
FUND SOURCE	SUPPORTIVE SERVICES	NUTRITION SERVICES	TOTAL
1. Federal Title III-B Services	337,894		337,894
2. Fed. Title III-C1 (Congregate)		299,648	299,648
3. State Congregate Nutrition		8,534	8,534
4. Federal Title III-C2 (HDM)		328,985	328,985
5. State Home Delivered Meals		310,243	310,243
8. Fed. Title III-D (Prev. Health)	23,421		23,421
9. Federal Title III-E (NFCSP)	142,157		142,157
10. Federal Title VII-A	4,830		4,830
10. Federal Title VII-EAP	5,809		5,809
11. State Access	25,474		25,474
12. State In-Home	83,936		83,936
13. State Alternative Care	99,665		99,665
14. State Care Management	215,913		215,913
16. SL ANS & SL NHO	58,402		58,402
17. Local Match			
a. Cash	26,031		26,031
b. In-Kind	84,270	105,345	189,615
18. State Respite Care (Escheat)	73,220		73,220
19. Merit Award Trust Fund	119,749		119,749
20. TCM/Medicaid & CMP	9,485		9,485
21. NSIP		293,168	293,168
22. Program Income	1,500	445,000	446,500
TOTAL:	1,311,756	1,790,923	3,102,679

I certify that I am authorized to sign on behalf of the Area Agency on Aging. This budget represents necessary costs for implementation of the Area Plan. Adequate documentation and records will be maintained to support required program expenditures.

Dee Hill

Signature

Finance Director
Title

06/06/14
Date

Agency: TCOA

PSA: 6

1

Budget Period:

06/06/14

De la

21/03/2013

Rev: 04/20/14

Page 2 of 3

SERVICE CATEGORY	Title III-B	Title III-D	Title III - E	Title VII	State Access	State In-Home	St. Alt. Care	State Care Mgmt	SL ANS	St. Respite (Escheat)	Merit Award Trust Fund	ICM Award	Program Income	Cash Match	In-Kind Match	TOTAL
Access																
Care Management																
Care Coord/suppl	4,086															
Disaster Advocacy																
Information & Assis	85,738		15,586					215,913	15,900					23,990		239,903
Outreach																
Transportation	4,697		22,469		25,474				24,724						2,121.09	21,207
In-Home																
Chore																
Home Care Assis																
Home Injury Cntrl																
Homemaking	32,898						99,655									
Home Health Aide																
Medication Mgt																
Personal Care	49,366					79,885										
Assistive Devices&Tech																
Respite Care																
Friendly Reassure			48,691													
Legal Assistance	22,330															
Community Services																
Adult Day Care			32,930										1,000			
Dementia ADC																
Disease Prevent	9,686	23,421														
Health Screening																
Assist to Deaf																
Home Repair																
LTC Ombudsman	6,547															
Sr Ctr Operations				4,830												
Sr Ctr Staffing																
Vision Services																
Elder Abuse Prevnt																
Counseling				5,809												
Spec Respite Care																
Caregiver Support																
Kinship Support																
Caregiver E.S.T	6,883		7,109													
Program Develop	67,578															
Region Specific																
Agency funds	14,324					4,041										
CLPADRC Services																
MATF Administration	33,771		15,353													
SUPPRT SERV TOTAL	337,894	23,421	142,157	10,639	25,474	83,936	99,655	215,913	58,402	73,220	119,749	9,495	1,500	26,031	84,270	1,341,756

FY 2015 NUTRITION / OMBUDSMAN / RESPIRE / KINSHIP - PROGRAM BUDGET DETAIL

Agency: TCOA

Budget Period: 10/01/14 to 9/30/15

PSA: 6

Date: 06/06/14 Rev. Number 0

Rev. 06/20/14

page 3 of 3

FY 2015 AREA PLAN GRANT BUDGET - TITLE III-C NUTRITION SERVICES DETAIL

SERVICE CATEGORY	Title III C-1	Title III C-2	State Congregate	State HDM	NSIP	Program Income	Cash Match	In-Kind Match	TOTAL
Nutrition Services									
1. Congregate Meals	298,748		8,534		102,609	170,000	-	34,245	614,136
2. Home Delivered Meals		328,285		310,243	190,559	275,000	-	71,100	1,173,187
3. Nutrition Counseling	-	-	-	-		-	-	-	-
4. Nutrition Education	-	-	-	-		-	-	-	-
5. AAA RD/Nutritionist*	900	2,700				-	-	-	3,600
Nutrition Services Total	299,648	328,985	8,534	310,243	293,168	445,000	-	105,345	1,790,923

*Registered Dietitian, Nutritionist or individual with comparable certification, as approved by OSA.

FY 2015 AREA PLAN GRANT BUDGET-TITLE VII LTC OMBUDSMAN DETAIL

SERVICE CATEGORY	Title III-B	Title VII-A	Title VII-EAP	State NHO	OMP Fund	Program Income	Cash Match	In-Kind Match	TOTAL
LTC Ombudsman Services									
1. LTC Ombudsman	6,547	4,830		18,678	9,485	-	-	2,803	42,343
2. Elder Abuse Prevention	-		5,809			-	-	645	6,454
3. Region Specific	-	-	-	-		-	-	-	-
LTC Ombudsman Ser. Total	6,547	4,830	5,809	18,678	9,485	-	-	3,448	48,797

FY 2015 AREA PLAN GRANT BUDGET- RESPIRE SERVICE DETAIL

SERVICES PROVIDED AS A FORM OF RESPIRE CARE	Title III-B	Title III-E	State Alt Care	State Escheats	State In-Home	Merit Award Trust Fund	Program Income	Cash/In-Kind Match	TOTAL
1. Chore	-	-	-	-	-	-	-	-	-
2. Homemaking	-	-	-	-	-	-	-	-	-
3. Home Care Assistance	-	-	-	-	-	-	-	-	-
4. Home Health Aide	-	-	-	-	-	-	-	-	-
5. Meal Preparation/HDM	-	-	-	-	-	-	-	-	-
6. Personal Care	-	-	-	-	-	-	-	-	-
Respire Service Total	-	-	-	-	-	-	-	-	-

FY 2015 AREA PLAN GRANT BUDGET-TITLE E- KINSHIP SERVICES DETAIL

SERVICE CATEGORY	Title III-B	Title III-E		Program Income	Cash Match	In-Kind Match	TOTAL
Kinship Ser. Amounts Only							
1. Caregiver Sup. Services	-	-		-	-	-	-
2. Kinship Support Services	-	7,108		-	-	790	7,898
3. Caregiver E.S.T	-	-		-	-	-	-
4.	-	-		-	-	-	-
Kinship Services Total	-	7,108		-	-	790	7,898

Planned Services Summary Page for FY 2015

PSA: 6

Planned Services Summary Page for FY 2015			PSA: 6		
Service	Budgeted Funds	Percent of the Total	Method of Provision		
			Purchased	Contract	Direct
ACCESS SERVICES					
Care Management	\$ 239,903	7.73%			
Case Coordination & Support	\$ 21,207	0.68%			X
Disaster Advocacy & Outreach Program	\$ -	0.00%			X
Information & Assistance	\$ 140,054	4.61%			
Outreach	\$ 53,270	1.72%		X	X
Transportation	\$ 5,208	0.17%			X
				X	
IN-HOME SERVICES					
Chore	\$ -	0.00%			
Home Care Assistance	\$ -	0.00%			
Home Injury Control	\$ -	0.00%			
Homemaking	\$ 147,292	4.76%			
Home Delivered Meals	\$ 1,173,187	37.81%	X		
Home Health Aide	\$ -	0.00%			X
Medication Management	\$ -	0.00%			
Personal Care	\$ 143,624	4.63%			
Personal Emergency Response System	\$ -	0.00%	X		
Respite Care	\$ 157,336	5.07%			
Friendly Reassurance	\$ -	0.00%	X		
COMMUNITY SERVICES					
Adult Day Services	\$ 111,670	3.60%			
Dementia Adult Day Care	\$ -	0.00%		X	
Congregate Meals	\$ 614,136	19.79%			
Nutrition Counseling	\$ -	0.00%		X	X
Nutrition Education	\$ -	0.00%			
Disease Prevention/Health Promotion	\$ 36,786	1.19%			
Health Screening	\$ -	0.00%		X	
Assistance to the Hearing Impaired & Deaf	\$ -	0.00%			
Home Repair	\$ -	0.00%			
Legal Assistance	\$ 25,811	0.83%			
Long Term Care Ombudsman/Advocacy	\$ 42,343	1.36%		X	
Senior Center Operations	\$ -	0.00%		X	
Senior Center Staffing	\$ -	0.00%			
Vision Services	\$ -	0.00%			
Programs for Prevention of Elder Abuse	\$ 6,454	0.21%			
Counseling Services	\$ -	0.00%		X	
Specialized Respite Care	\$ 4,400	0.14%			
Caregiver Supplemental Services	\$ -	0.00%		X	
Kinship Support Services	\$ 7,898	0.25%			
Caregiver Education, Support, & Training	\$ 7,648	0.25%		X	
AAA RD/Nutritionist	\$ 3,600	0.12%			X
PROGRAM DEVELOPMENT	\$ 75,087	2.42%		X	
REGION-SPECIFIC					
Emergency funds	\$ 20,406	0.66%			X
b.	\$ -	0.00%	X		
c.	\$ -	0.00%			
CLP/ADRC SERVICES	\$ 54,582	1.76%			
MATF ADMINISTRATION	\$ 10,777	0.35%			X
TOTAL PERCENT					
TOTAL FUNDING \$ 3,102,679		100.00%	15.10%	10.97%	73.94%
			\$468,658	\$340,397	\$2,294,113

FY 2015 State Escheats/Caregiver Related Services Budget Narrative

Agency: TCOA

PSA: 6

Budget Revision No. 0

Please describe the planned use and allocation of State Escheats Respite Program Funds.
Include all related caregiver service funding allocations in this FY Area Plan Grant Budget.

Please enter the narrative in the box below.

This is a single merged cell with text wrap. Enter or copy narrative here. TCOA plans to use the State Escheats funds for the following services: 1) \$60,566 for Adult Day Care which will go to existing service contractors 2) \$8,264 to contract out for respite care services 3) \$4,400 contract out for special respite care services.

FY 2015 BUDGET REVIEW SPREADSHEET

Rev 04/2014

Agency:	TCOA			Fiscal Year:	FY 2015
Date of SGA:	06/08/14	SGA No.		Date Reviewed by OSA:	
Date of Budget:	06/08/14	Revision No.	0	Initials of Field Rep Approving:	
SGA CATEGORY	SGA AWARD	CIO AMOUNT	TOTAL		
Title III Administration	\$ 125,790		\$ 125,790	AAA COMMENTS	
State Administration	\$ 21,932		\$ 21,932		
Title III-B Services	\$ 337,894		\$ 337,894		
Title III-C-1 Services	\$ 299,648		\$ 299,648		
Title III-C-2 Services	\$ 328,985		\$ 328,985		
Federal Title III-D (Prev. Health)	\$ 23,421		\$ 23,421		
Title III-E Services (NFCSP)	\$ 142,157		\$ 142,157		
Title VIIA Services (LTC Ombuds)	\$ 4,830		\$ 4,830		
Title VII/EAP Services	\$ 5,809		\$ 5,809		
St. Access	\$ 25,474		\$ 25,474		
St. In Home	\$ 83,936		\$ 83,936		
St. Congregate Meals	\$ 8,534		\$ 8,534		
St. Home Delivered Meals	\$ 310,243		\$ 310,243		
St. Alternative Care	\$ 99,665		\$ 99,665	OSA COMMENTS	
St. Aging Network Srv. (St. ANS)	\$ 39,724		\$ 39,724		
St. Respite Care (Escheats)	\$ 73,220		\$ 73,220		
Merit Award Trust Fund	\$ 119,749		\$ 119,749		
St. Nursing Home Ombuds	\$ 18,678		\$ 18,678		
CMP Fund-LTC Ombudsman	\$ 9,485		\$ 9,485		
St. Care Mgt.	\$ 215,913		\$ 215,913		
NSIP	\$ 293,168		\$ 293,168		
SGA TOTALS:	\$ 2,588,255	\$ -	\$ 2,588,255		

ADMINISTRATION	BUDGET	SGA	DIFFERENCE	Administrative Match Requirements
Federal Administration	\$ 125,790	\$ 125,790	\$ -	Minimum federal administration match amount
State Administration	\$ 21,932	\$ 21,932	\$ -	Administration match expended (State Adm. + Local Match)
Sub-Total:	\$ 147,722	\$ 147,722	\$ -	Is the federal administration matched at a minimum 25%?
Merit Award Trust Administration	\$ 10,777			Does federal administration budget equal SGA?
Local Administrative Match				Does state administration budget equal SGA?
Local Cash Match	\$ 19,998			Merit Award Trust Administration Funds must be expended at or below 9% of
Local In-Kind Match	\$ -			Total Merit Award Admin. Funds budgeted:
Sub-Total:	\$ 19,998			Is Merit Award Trust Fund Admin. budgeted at 9% or less?
Total Administration:	\$ 178,497			Amount of Merit Award Trust Fund budgeted on Adult Day Care
				Is at least 50% of Merit Award budgeted on Adult Day Care services?

SERVICES:	BUDGET	SGA	% BUDGETED	Title III-E Kinship Services Program Requirements
Federal Title III-B Services	\$ 337,894	\$ 337,894	100.00%	Are kinship services budgeted at > 5% of the AAA's Title III-E funding?
Fed. Title III C-1 (Congregate)	\$ 299,648	\$ 299,648	100.00%	Are kinship services budgeted at < 10% of the AAA's Title III-E funding?
State Congregate Nutrition	\$ 8,534	\$ 8,534	100.00%	(note: see TL #369 & TL#2007-141)
Federal C-2 (HDM)	\$ 328,985	\$ 328,985	100.00%	For Agencies required to budget a minimum of \$25,000 of Title III-E requirement met?
State Home Delivered Meals	\$ 310,243	\$ 310,243	100.00%	Title III-B Long-Term Care Ombudsman Maintenance of Effort Requirements:
Federal Title III-D (Prev. Health)	\$ 23,421	\$ 23,421	100.00%	Enter amount required from Transmittal Letter #428. (see cell L 42)
Federal Title III-E (NFCSP)	\$ 142,157	\$ 142,157	100.00%	Budgeted amount Title III-B for LTC Ombudsman.
Title VIIA Services (LTC Ombuds)	\$ 4,830	\$ 4,830	100.00%	Is required maintenance of effort met?
Title VII/EAP Services	\$ 5,809	\$ 5,809	100.00%	
St. Access	\$ 25,474	\$ 25,474	100.00%	Service Match Requirements:
St. In Home	\$ 83,936	\$ 83,936	100.00%	Minimum service match amount required
St. Alternative Care	\$ 99,665	\$ 99,665	100.00%	Service matched budgeted: (Local Cash + In-Kind)
St. Care Mgt.	\$ 215,913	\$ 215,913	100.00%	Is the service allotment matched at a minimum 10%?
St. LTC Ombudsman	\$ 18,678	\$ 18,678	100.00%	
St. ANS	\$ 39,724	\$ 39,724	100.00%	Miscellaneous Budget Requirements / Constraints
Sub-Total:	\$ 1,944,911	\$ 1,944,911	100.00%	Amounts budgeted for OAA / OSA Priority Services:
Local Service Match				Access:
Local Cash Match	\$ 26,031			In-Home:
Local In-Kind Match	\$ 189,616			Legal:
Sub-Total:	\$ 215,646			Total Budgeted for Priority Services:
NSIP	\$ 293,168	\$ 293,168	100.00%	Are Access Services budgeted at minimum 10% of Original ACL Title III-B
St. Respite Care (Escheats)	\$ 73,220	\$ 73,220	100.00%	Are In Home Services budgeted at minimum 10% of Original ACL Title III-B
Merit Award Trust Fund	\$ 108,972	\$ 108,972	100.00%	Are Legal Services budgeted at minimum 6.5% of Original ACL Title III-B
CMP Fund-LTC Ombudsman	\$ 9,485	\$ 9,485	100.00%	(Actual % of Legal)
TCM-Medicaid / CM	\$ -			Title III-B award w/o carryover or Transfers in current SGA
Program Income	\$ 446,500			Amount budgeted for Program Development:
Total Services:	\$ 3,091,902			% of Title III-B Program Development (must be 20% or less):
Grand Total: Ser.+ Admin.	\$ 3,270,399			Is Program Development budgeted at 20% or less?
				Title III-D allotment with carryover:
				Amount budgeted for EBDP Activities, per TL#2012-244:
				Is 100% of Title III-D budgeted on APPROVED EBDP?

PRIORITY SERVICE SECTION

Access Services	III-B Budget Amount
a. Care Management	\$0
b. Case Coord/Supp	\$4,086
c. Disaster Advocacy	\$0
d. Information & Assis	\$85,738
e. Outreach	\$0
f. Transportation	\$4,687
Access Total:	\$94,511

(AAA Regional Access Service)
(AAA Regional Access Service)

In Home Services	III-B Budget Amount
a. Chore	\$0
b. Home Care Assis	\$0
c. Home Injury Child	\$0
d. Homemaking	\$32,898
e. Home Health Aide	\$0
f. Medication Mgt	\$0
g. Personal Care	\$49,366
h. Assistive Device&Tech	\$0
i. Respite Care	\$0
j. Friendly Reassura	\$0
In Home Services Total:	\$82,264

(AAA Regional In-Home Service)
(AAA Regional In-Home Service)

Kinship Services	III-E Budget Amount
1. Caregiver Support - Kinship Amount Only	\$0
2. Kinship Support	\$7,108
3. Caregiver E,S,T - Kinship Amount Only	\$0
4.	\$0
Kinship Services Total:	\$7,108

(Other Title III-E Kinship Service)
(Other Title III-E Kinship Service)

Title III-B Transfers reflected in SGA	Title III-B Award
Title III-B award w/o carryover in SGA	\$337,894
a. Amt. Transferred into Title III-B	
b. Amt. Transferred out of Title III-B	
AoA Title III-B Award Total:	\$337,894

(Use ONLY if SGA Reflects Transfers)

(Always Enter Positive Number)
(Always Enter Positive Number)

NOTE: AoA Title III Part B Award for the current FY means total award from AoA without carryover or transfers.

**FY 2015 Annual Implementation Plan
Direct Service Budget Detail #1**

AAA: TCOA

FISCAL YEAR: FY 2015

SERVICE: Care Management

LINE ITEM	Federal OAA Title III Funds	Other Fed Funds (non-Title III)	State Funds	Program Income	Match		Other Resources	Total Budgeted
					Cash	In-Kind		
Wages/Salaries			111,455					111,455
Fringe Benefits			33,150					33,150
Travel			4,000					4,000
Training			300					300
Supplies			1,300					1,300
Occupancy			19,157					19,157
Communications			2,500					2,500
Equipment								0
Other (e.g., raw food costs):			9025					9,025
Central Service Costs			11,146					11,146
Purchased Services			23,880		23,990			47,870
Totals	0	0	215,913	0	23,990	0	0	239,903

SERVICE AREA:

(List by County/City if service area is not entire PSA)

Does the Direct Service Budget reflect any changes to the one approved as part of the agency's FY 2014 AIP?
if yes, please describe: _____ No

I certify that I am authorized to sign on behalf of this agency.

The budgeted amounts represent necessary and proper costs for implementing the program.

Dee Lamb

Name

Finance Director

Title

Date

6/6/2014

FOR CARE MANAGEMENT DIRECT SER. BUDGET ONLY
FY 2015 Annual Implementation Plan

SCHEDULE OF MATCH & OTHER RESOURCES
 Fiscal Year: FY 2015

SOURCE OF FUNDS	MATCH	
	Cash	In-Kind
Fund Raising Program	23,990	

SOURCE OF FUNDS	OTHER RESOURCES	
	Cash	In-Kind

**FY 2015 Annual Implementation Plan
Direct Service Budget Detail #2**

AAA: TCOA

FISCAL YEAR: FY 2015

SERVICE: Case Coordination and Support

LINE ITEM	Federal OAA Title III Funds	Other Fed Funds (non-Title III)	State Funds	Program Income	Match		Other Resources	Total Budgeted
					Cash	In-Kind		
Wages/Salaries	2,985		11,700			1,740		16,425
Fringe Benefits	1,101		3,300			381		4,782
Travel								
Training								
Supplies								
Occupancy								
Communications								
Equipment								
Other (e.g., raw food costs):								
Central Service Costs								
Purchased Services								
Totals	4,086	0	15,000	0	0	2,121	0	21,207

SERVICE AREA:

(List by County/City if service area is not entire PSA)

Does the Direct Service Budget reflect any changes to the one approved as part of the agency's FY 2014 AIP?
If yes, please describe: No

I certify that I am authorized to sign on behalf of this agency.

The budgeted amounts represent necessary and proper costs for implementing the program.

Dee Lamb

Name

Finance Director

Title

6/6/2014

Date

FY 2015 Annual Implementation Plan

SCHEDULE OF MATCH & OTHER RESOURCES

Fiscal Year: FY 2015

SOURCE OF FUNDS	MATCH	
	Cash	In-Kind
TCOA		2,121

SOURCE OF FUNDS	OTHER RESOURCES	
	Cash	In-Kind

**FY 2015 Annual Implementation Plan
Direct Service Budget Detail #3**

AAA: TCOA

FISCAL YEAR: FY 2015

SERVICE: Information and Assistance

LINE ITEM	Federal OAA Title III Funds	Other Fed Funds (non-Title III)	State Funds	Program Income	Match		Other Resources	Total Budgeted
					Cash	In-Kind		
Wages/Salaries	10,910		17,300			3,135		31,345
Fringe Benefits	4,676		7,424			1,344		13,444
Travel								0
Training								0
Supplies								0
Occupancy								0
Communications								0
Equipment								0
Other (e.g., raw food costs):								0
Central Service Costs								0
Purchased Services								0
Totals	15,586	0	24,724	0	0	4,479	0	44,789

SERVICE AREA:

(List by County/City if service area is not entire PSA)

Does the Direct Service Budget reflect any changes to the one approved as part of the agency's FY 2014 AIP?
If yes, please describe: _____ No

I certify that I am authorized to sign on behalf of this agency.

The budgeted amounts represent necessary and proper costs for implementing the program.

Dee Lamb

Name

Finance Director

Title

6/6/2014

Date

FY 2015 Annual Implementation Plan

SCHEDULE OF MATCH & OTHER RESOURCES

Fiscal Year: FY 2015

SOURCE OF FUNDS	MATCH	
	Cash	In-Kind
TCOA		4,479

SOURCE OF FUNDS	OTHER RESOURCES	
	Cash	In-Kind

**FY 2015 Annual Implementation Plan
Direct Service Budget Detail #4**

AAA: TCOA

FISCAL YEAR: FY 2015

SERVICE: Outreach

LINE ITEM	Federal OAA Title III Funds	Other Fed Funds (non-Title III)	State Funds	Program Income	Match		Other Resources	Total Budgeted
					Cash	In-Kind		
Wages/Salaries	15,730		17,830		3,729			37,289
Fringe Benefits	6,739		7,644		1,598			15,981
Travel								0
Training								0
Supplies								0
Occupancy								0
Communications								0
Equipment								0
Other (e.g., raw food costs):								0
Central Service Costs								0
Purchased Services								0
Totals	22,469	0	25,474	0	5,327	0	0	53,270

SERVICE AREA:

(List by County/City if service area is not entire PSA)

Does the Direct Service Budget reflect any changes to the one approved as part of the agency's FY 2014 AIP?
If yes, please describe: _____ No _____

I certify that I am authorized to sign on behalf of this agency.
The budgeted amounts represent necessary and proper costs for implementing the program.

Dee Lamb

Name

Finance Director

Title

Date

6/6/2014

FY 2015 Annual Implementation Plan

SCHEDULE OF MATCH & OTHER RESOURCES
Fiscal Year: FY 2015

SOURCE OF FUNDS	MATCH	
	VALUE	
TCOA	Cash	In-Kind
		5,327

SOURCE OF FUNDS	OTHER RESOURCES	
	VALUE	
	Cash	In-Kind

Rev. No.: original Page 1 of 2

(EXPENDITURES)													
Contractual Services				17000									
Purchased Services						23880							
Salaries and Salaries	244200	52900		193375	546175	111750	1682400						17000
Life Benefits	68,519	10,040		71,107	202,818	24,601	439,196						14390880
Payroll Taxes	18,681	4,047		14,793	41,782	8,549	128,704						
Professional Services	52500	2000		6200	18600	5400	127900						
Accounting & Audit Services	8000	500		12900	45000	11150	6500	10777					
Legal Fees	800						1500						
Occupancy	61500			33000	68600	19150	152100						2300
Insurance	3500	500		1700	6600		6200						345453
Office Equipment	2000						5000						18500
Equipment Maintenance & Repair				2500	10000		10000						7000
Office Supplies	5000	200		5000	10000	1300	35388						28850
Printing & Publication	4900	2500		1900	7600		15000						58388
Postage	2000	300		2200	8400		10000						34400
Telephone	2200			7250	26000	2500	25000						23200
Travel	2800	100		23100	92400	4000	45000						69650
Conferences/Trainings	1500					300	12800						187400
Memberships	25000	1000		2000	3000		5000						15600
Scellaneous	1700	1000		27744	18701	3333	266801						36000
Food				171000	684000								321279
Contractor Services						59880	14367000						855000
TOTAL	505800	75087	575769	1789676	251913	17341489	10777	7648	54592	53270	45380	21207	21445498

is the PATHWAY Grant with Ingham Co. for \$60,000 and the CMS Community based Care Transitions Program \$620,400 and MMAP program \$32,500.

AREA AGENCY ON AGING--WAGES AND SALARIES

Operations		Program Services/Activities										CASE		# Other	TOTAL
JOB CLASSIFICATION	FTEs	Admin	Program Develop	Congregate Nutrition	Home Del Meals	Care Mngt	HCBS Waiver	Merit Award Trust Fund	CARE GIVER	CLP/ ADRC	OUT REACH	INFORM & ASSIST	COORDIN		
Executive Director	1.00	38,000	11,300				7000	30,300							86800
Assistant Director	1.00	6100						50500			10800				67400
Nutrition Director	1.00			11440	40560										52000
Finance Director	1.00	34500						34500							69000
Waiver Director	1.00						5600	64200							69800
Advocacy & Dev Director	1.00	17100	11800					11800		18300					59000
Bridge Care Coordinator	8.00													376900	376900
Community Health Worker	1.00														33300
Contract/Grant Manager	1.50	23900	21500				2500	12600			7800				68300
Nursing Supervisor	1.00						4200	48500							52000
Social Work Supervisor	1.00						34800	464400							52700
Nurses	10.75						32000	425600							499300
Social Workers	9.75							44600							457600
Assessment Specialist	1.50												16200		60800
Eligibility Specialist	1.25						1300	45200				3400			49900
Transition Specialist LRS	1.00							45900							45900
I&A Coord	4.50	10000					4000	102400		25700		17900			160000
PC MICIS/Data Operator	2.50						9600	76900							86500
Kitchen Coord.	1.50			7964	28236										36200
Assist. Accounting	1.00	21300						14200							35500
Office/Clerical	6.25	26300		13600	54600	6450		50100							151050
Housing Specialist	1.00							35500							35500
MMAP Coordinator	1.00							16800			2000			21850	40450
Finance/HR Coordinator	1.00	20800						31100							51900
Nutr Site Liason	1.00			37800							5400				43200
Receptionist	1.00	13100						5600							18700
Kitchen Superv FD Mgr	1.00			8294	29406										37700
Kitchen Superv FD Asst	1.00			5830	20670										26500
Cooks	4.50			21208	75192										96400
Porter	4.00			16390	58110										74500
Dishwasher	0.50			1892	6708										8600
Stockperson	1.00			4796	17004										21800
Food Transp	4.75			23661	83869										107550
Dining Site Coordinators	3.00			40500											40500
MOW Coordinators	4.00				131800										131800
Community Outreach	1.00							23900		5500	12800				42200
Information System Spec.	1.00	33100	8300												41400
															0
															0
TOTAL	89.25	244200	52900	193375	546175	111750	1682400	0	5500	44000	38800	21300	16200	431850	3388450